



AmWINS Access Insurance Services

Vacant Building Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: _____

BUILDING INFORMATION

Risk Address: _____		
Vacant since: _____ Reason: _____ Expected length of vacancy: _____	Prior Occupancy: _____	
	Intended renovations: _____	
Utilities that are still turned on: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water		
Current Building Use: _____	Condition of building: _____	
Vacant Area: _____	Area occupied or leased to others: _____	Total Building Square Footage: _____
Building Security: (Check those that are applicable) <input type="checkbox"/> Boarded <input type="checkbox"/> Locked <input type="checkbox"/> Fenced <input type="checkbox"/> 24 hour security <input type="checkbox"/> Alarmed <input type="checkbox"/> Other: _____		Neighborhood: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Rural
Frequency of check-ups: _____ Made by whom? _____		

- Is there any aluminum or knob and tube wiring on the premises? Yes No
- Is heat maintained in the building? Yes No
If **No**, have the pipes been drained including the sprinkler system (if applicable)? Yes No
- Please describe the location of the HVAC equipment:
 Roof Side of building Other: _____
- Any cages or security measures taken to protect the HVAC equipment against theft? Yes No

FINANCIAL INFORMATION

- Are all Real Estate Taxes Paid? Yes No
- Is there a mortgagee on the property? Yes No
If Yes, are all mortgage obligations paid to date? Yes No
- Any liens against the property? Yes No
- Is the property bank owned, in foreclosure or is coverage force-placed? Yes No
If Yes, please explain: _____

GENERAL INFORMATION

- Is building damaged? Yes No
If **Yes**, describe: _____
- Is this a new purchase? Yes No
- Has building been condemned? Yes No
- Is the building to be demolished or remodeled? Yes No
If Yes, Please answer the following:
 - Describe the work to be done: _____
 - Expected start date: _____ Expected completion date: _____
 - Who is performing the work?
 Licensed Contractors Applicant acting as a general contractor Other: _____
 - Are all subcontractors required to carry General Liability insurance? Yes No
 - Are certificates of insurance obtained from contractors or subcontractors? Yes No
 - Is a contract containing a hold harmless clause holding applicant harmless obtained from the contract? Yes No
 - Estimated cost for renovation/construction operations:
During next 12 months: \$ _____ For entire project: \$ _____
 - What is the current building value? \$ _____
 - What will be the building value after renovations are complete? \$ _____
- Is interior of building free of garbage, debris, refuse? Yes No
If **No**, please explain: _____

14. Will the applicant occupy the building upon completion? Yes No
15. Is vacant building a condominium or townhouse? Yes No
 If **Yes**:
- a. Is it owned or in the name of the developer or builder? Yes No
- b. Is this a condominium or townhouse a conversion? Yes No
16. Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No
 If **Yes**, is system operational? Yes No
 If not 100% of the premises, please explain: _____
17. How long has applicant owned property as this location? _____
18. Is the building historically significant or part of a Historical Register? Yes No
19. Are there any government, municipal orders to vacate or demolish the building? Yes No
 If **Yes**, please explain: _____
20. Any tenants have been evicted or in the process of eviction from the property in the last 60 days? Yes No

APPLICANT’S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant’s operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company’s rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____