



VACANT PROPERTY SUPPLEMENTAL APPLICATION

PRODUCER _____

APPLICANT NAME _____

Location address: _____

What was the prior occupancy used for? _____

Please describe: _____

What was the reason for vacancy?: _____

What is the intended date of occupancy?: _____

Is building completely vacant? Yes No What is the total sqft of the vacant area? _____

New Purchase? Yes No If yes, what was the date of purchase?: _____

Any contents left in building (furniture, supplies, equipment, vehicles, machinery, etc.)? No

If yes, please describe: _____

How often is the exterior and interior of the building inspected? Daily Weekly Monthly Other: _____

By Whom? _____

Details: _____

OPERATING SECURITY:

- | | | |
|-------------------------------|------------------------------------|---------------------|
| 24-hr Watchman Making Rounds | Exterior Boarded Up | Local Burglar Alarm |
| Central Station Burglar Alarm | Exterior Lighting | On-site Guard 24/7 |
| Drive-by Security | Exterior Openings Locked & Secured | Perimeter Fencing |
| Other: _____ | | |

FIRE PROTECTION:

Automatic Sprinkler System: Active Non-Active 100% Partially Sprinklered: _____ %

Central Station Fire Alarm: Active Non-Active

Are utilities turned off? Yes No

If no, indicate which utilities are in service: Electric Gas Water Steam

& what portion of property will have utilities on? _____

Is the heat maintained in the building to 55° F or greater? Yes No

If heat is NOT maintained, what is being done to avoid frozen pipes, sprinkler leakage & water damage?

Where are the air conditioning unit(s) located?

Are there any building code violations? Yes No

If yes, please specify: _____

Is the bank foreclosing on property? Yes No

Are all real estate taxes fully paid to date? Yes No

Did the applicant have prior coverage? Yes No

If no, describe why: _____

Is the applicant or any affiliate of the applicant in bankruptcy or currently in the process of filing for bankruptcy? Yes No

Is the property in receivership? Yes No

PLEASE ATTACH 3 YEARS WORTH OF LOSS INFORMATION, IF APPLICABLE.

APPLICANT'S NAME: _____	TITLE: _____	DATE: _____
APPLICANT'S SIGNATURE: _____		
PRODUCER'S SIGNATURE: _____		