

Underwritten by

VACANT BUILDING APPLICATION

PRODUCER INFORMATION

NEW BUSINESS RENEWAL/ REWRITE

Policy No. _____

Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER CODE: _____ RETAILER ID: _____
PERSON TO CONTACT: _____
FEDERAL ID / SOCIAL SECURITY #: _____
TELEPHONE: _____ FACSIMILE: _____
DATE SUBMITTED: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____, _____, _____

APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION ESTATE OTHER (SPECIFY) _____

Locations

Loc	Street	City	State	Zip
001				

PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Deductible
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ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Coverage	Premium Amount
Property	\$0.00
General Liability	Limit: \$0 \$0.00
Adjustment to Minimum	
Total Premium	\$0.00
Terrorism Risk Insurance Act Coverage Desired?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mine Subsidence	
Policy Fee/Inspection Fee	\$0.00
Total with applicable surcharges & fees:	

GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT? YES NO
 ARE ALL BUILDINGS 4 UNITS OR LESS? YES NO
 IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? YES NO
 HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? YES NO
 IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? YES NO
 DATE OF FORECLOSURE:
 IS ANY BUILDING CONSTRUCTED ON STILTS? YES NO
 IS ANY BUILDING INTENDED FOR DEMOLITION? YES NO
 IS ANY BUILDING PARTIALLY CONSTRUCTED? YES NO
 IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? YES NO
 IS ANY BUILDING CONSTRUCTED OF LOGS? YES NO
 IS THE RISK A CONDOMINIUM UNIT? YES NO
 ARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY? YES NO
 IS THE HEAT MAINTAINED OR THE PIPES DRAINED? YES NO
 WILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? YES NO

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.

IF "YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? YES NO
 IS THIS NEW CONSTRUCTION (BUILDERS RISK)? YES NO
 IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? YES NO
 IS ANY LOT SIZE MORE THAN 5 ACRES? YES NO
 ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? YES NO

Premises Information

Loc#: 001 Bldg#: 001

Year Built: 0	Construction:	Square Footage: 0	No. of Stories: 0	No. of Units: 0
Actual Cash Value: 0	Purchase Price (if purchased in past year):	Date Purchased:	Property Inherited?	Date Vacated:
Equipped with functioning circuit breakers:		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted?		
Public Protection Class:	Distance to Fire Hydrant:	Fire District:	Active Sprinkler system: No	
Active Central Station Fire/Burglar Alarm: No		Prior use of building when occupied:		
24 Hour Watchman: No	Intended disposition of risk (Sell, Rent, Occupy, Seasonal):			
Does someone check on the property on a regular basis?		By whom:	How Often?	
Describe neighborhood:		Describe general condition of building:		
If building is undergoing renovations, state the total amount that will be spent to improve the building: 0				
If building is undergoing renovations, check all boxes below that <i>define</i> the work being done				
REPLACING BATHROOM FIXTURES <input type="checkbox"/>	REPLACING ROOF <input type="checkbox"/>	REPLACING WINDOWS <input type="checkbox"/>	SIDING OR PAINTING EXTERIOR <input type="checkbox"/>	
REPLACING KITCHEN CABINETS <input type="checkbox"/>	REPLACING FLOORS <input type="checkbox"/>	REPLACING EXTERIOR DOORS <input type="checkbox"/>	GUTTING THE PREMISES <input type="checkbox"/>	
REPLACING PLUMBING/ HEATING / ELECTRICAL <input type="checkbox"/>	PAINTING <input type="checkbox"/>	OTHER (SPECIFY): <input type="checkbox"/>		

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

IS WINDSTORM POOL COVERAGE AVAILABLE? YES NO

LOSS INFORMATION

PRIOR CARRIER: _____

POLICY NUMBER: _____ DEDUCTIBLE: \$0 PREMIUM: \$0

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
<u>None</u>	<u>None</u>	<u>None</u>

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Original Signature of Applicant (Required)

Date _____

Official Title (If Applicable)

Date

MAKE CHECKS PAYABLE TO:

Mail checks to:

Vacant Express
Vacant Express
PO Box 206584, Dallas TX 75320-6584

Cornerstone Underwriting Partners, LLC