

Detlor Insurance Agency

Vacant Building Package

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
If you have a website, include your website address: _____
4. Inspection Contact: _____ Telephone: _____
5. Effective Date: _____ Policy Term: 3 6 9 12 months
Building Age: _____ Is the building historically significant/on Historical Register Yes No
6. Location(s) and Description of Property:

Loc. #	Bldg. #	Address	City	County	State	ZIP Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Loc. #	Bldg. #	No. of Stories	Construction	Age	Total Sq. Ft. Area	Public	Operational Private Protection		Automatic Splkr.?
						Protection Code	C.S. Bldr. Alarm?	C.S. Fire Alarm?	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. How long has Applicant Owned Property? _____ How long has Property been vacant? _____
8. Prior Occupancy? _____
9. Reason for Vacancy? _____
10. Intended Disposition? (sell, rent, occupy, demolish, *if demolish decline*) _____
11. Any back taxes owed or tax liens on the property? Yes No (If Yes, decline)
12. Has the risk filed for (or are they in) bankruptcy? Yes No (If Yes, decline)
13. Have any tenants been evicted from the property in the last 60 days? Yes No (If Yes, decline)
14. Has the applicant had any properties foreclosed on them in the last 7 years? Yes No (If Yes, decline)
15. Describe Area for Location(s) Commercial Residential Industrial Other _____
16. General Condition of Building(s)? (describe any existing damage, *if fire damage decline*) _____
17. Are Regular Checks Made of Premises? Yes No If Yes, how often? _____
By Whom? _____
18. Is Building(s) Locked Boarded Up Secured Alarmed Utilities Operational
19. If Building(s) will be undergoing renovations during policy term, describe extent: _____

20. If under renovation-who will complete? Applicant GC or hired contractor Other
 Total cost of Renovation? \$ _____
 Estimated renovation completion date: _____

21. Prior Carrier: _____ Reason For Non-Renewing: _____

22. Loss History: _____

Property (Complete this section if building coverage is desired)

23. Loc. #	Bldg. #	Existing Building	Renovation Cost	Total Ins. Value	Co-Ins.	Mortgage Amount
_____	_____	_____	_____	_____	_____%	_____
_____	_____	_____	_____	_____	_____%	_____
_____	_____	_____	_____	_____	_____%	_____

24. Cause of loss: Basic Excluding Sprinkler Leakage
 Special Excluding Sprinkler Leakage (Must be less than 10 years old and have a central station Burglar Alarm)
 Special Excluding Sprinkler Leakage and Theft (Must be less than 10 years old)

25. Rental value option requires a copy of a signed lease or contract. (enclose copy)
 Rental value: _____ (6 month maximum)
 Lease effective date: _____

26. Describe conditions of adjacent exposures, whether Occupied Vacant Other _____

Liability (Complete this section if liability coverage is desired)

- 27. Limits Of Insurance _____
- 28. Is Independent Contractors Coverage Desired? Yes No If So Cost: _____
- 29. Size of Land? _____
- 30. Swimming Pool? _____ If yes, Decline
- 31. Size of Parking Lot? _____
- 32. Is Parking Lot Fenced, Gated or Barricaded to Prevent Unauthorized Entry? _____
- 33. Does premises contain any underground storage tanks? Yes No If yes, explain _____
- 34. Is applicant aware of any prior use, storage or manufacture of any chemical, pollutant or water products on premises?
 Yes No If yes, explain _____

FRAUD STATEMENT: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE _____
 NAME OF AUTHORIZED AGENT OR BROKER _____
 ADDRESS _____

MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR BROKER TO: _____