

VACANT BUILDING / LAND APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?

Yes No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

Description of Operations:

of Years in Business:

SUBMISSION REQUIREMENTS

- Fully completed, Insured signed & dated ACORD application
- 5 years of currently valued carrier issued Loss Runs (for all locations to be insured)
- Copy of the contract with Lessee or Subcontractor

SECTION I – RISK PROFILE

- | | | |
|--|-----|----|
| 1) Has the Applicant maintained Commercial General Liability coverage for the past 5 years? | Yes | No |
| 2) Are the properties condemned or anticipated to be condemned within the next 12 months? | Yes | No |
| 3) Are the buildings locked and secured from unauthorized entry? | Yes | No |
| 4) Are any of the buildings in disrepair, damaged, or exhibiting visible signs of distress (due to fire, wind, vandalism, etc.)? | Yes | No |

5) Were there any evictions in past 60 days or any tenants currently in the process of being evicted? Yes No

6) Are the buildings 100% vacant? Yes No

SECTION II – BUILDING INFORMATION

7) Name (if applicable) and Address of each Building to be insured:

Building #	Name and Address
1	
2	
3	

8) Description of district (check all that apply):

Residential

Commercial

Industrial

Rural

9) For each building, confirm:

OCCUPANCY

Bldg #	Vacant Since	Reason for Vacancy	Occupancy
1			Prior: Current (if NOT vacant): Anticipated:
2			Prior: Current (If NOT vacant): Anticipated:
3			Prior: Current (If NOT vacant): Anticipated:

BUILDING DETAILS, SECURITY, & MAINTENANCE

Bldg #	Construction	Security (check all applicable)	Area/Sq ft	Year Built	# of Stories
1		Locked Fenced Boarded Alarmed 24 hr. Security	Total Building: Vacant: Occupied by the Applicant: Leased to Others:		
2		Locked Fenced Boarded Alarmed 24 hr. Security	Total Building: Vacant: Occupied by the Applicant: Leased to Others:		
3		Locked Fenced Boarded Alarmed 24 hr. Security	Total Building: Vacant: Occupied by the Applicant: Leased to Others:		

- 10) Are routine security checks conducted? Yes No
 If Yes, check all that apply:
 Employees Independent Security Guard Service Off-Duty Uniformed Police
 Armed Unarmed
- 11) Are utilities currently connected? Yes No
 If Yes, is the heat maintained at 55 degrees or higher? Yes No
 If No, has the plumbing system been completely drained? Yes No
- 12) Are the buildings sprinklered? Yes No
 If Yes, is the sprinkler system activated? Yes No
 If No, has the sprinkler system been completely drained? Yes No

SECTION III – PARTIALLY OCCUPIED BUILDING

N/A

- 15) What percent of the building is occupied? %
- 16) Provide full description of all occupancies (including owner-occupied):

- 17) Are the buildings in full compliance with state and local codes governing building construction, smoke detection, fire suppression, emergency lighting and at least two means of egress? Yes No
- 18) Do any of the buildings have ACTIVE Knob and Tube and/or Aluminum Wiring? Yes No
 If Yes, confirm which buildings:

- 19) Are all permits secured as required by law? Yes No
- 20) Have certificates of occupancy been obtained for each tenant? Yes No

SECTION IV – MAINTENANCE

N/A

- 21) Is there a full-time maintenance staff? Yes No
- 22) Confirm the type of building and/or maintenance, service and repair performed by the Applicant (Direct) or subcontracted (Sub).

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

Type	Direct	Subbed
Snow & Ice Removal	%	%
Elevator Maintenance & Repairs	%	%
Landscaping	%	%
Janitorial/Cleaning Services	%	%
General Maintenance & Repairs	%	%
Other:	%	%

- 23) Are housekeeping/janitorial services required to complete sweep sheets? Yes No
- 24) Are there have written procedures for regular inspections of the premises/grounds, to identify potential dangerous conditions or liability hazards and to assure all necessary corrections and repairs are made, and are records of such inspections retained for at least five years? Yes No

SECTION V – CONSTRUCTION PROJECTS

N/A

25) Provide full scope of project, location, total costs, payroll, sub costs, and duration:

26) Indicate the percentage of costs for work performed by the Applicant or on the Applicant's behalf: (MUST TOTAL 100%)

Residential		Commercial	
New Construction	%	New Construction	%
Remodel/ Repair	%	Remodel/ Repair	%

27) Are signs posted on property to notify the tenants or third party of construction? Yes No

28) Who will perform the construction (check all that apply)?

Self/Employees

General Contractor

Subcontractor

29) For any work performed by a General Contractor and/or Subcontractor, does the contract require that they:

- | | | |
|--|-----|----|
| a. Maintain Commercial General Liability coverage with limits of insurance equal to or greater than \$1,000,000 each occurrence / \$2,000,000 aggregate? | Yes | No |
| b. Include the Applicant as an Additional Insured under their Commercial General Liability Policy? | Yes | No |
| c. Will defend, indemnify, and hold the Applicant harmless? | Yes | No |
| d. Provide Certificates of Insurance evidencing that they are in full compliance of the contractual requirement? | Yes | No |
| e. Maintain Workers Compensation coverage? | Yes | No |

SECTION VI – VACANT LAND

30) Provide Location Address and the total Acreage associated with each plot of land:

Location #	Location Address	Vacant Land (Acres)	Leased to Others (Acres)
1			
2			
3			

31) What are the plans for the land and anticipated start date?

32) Is the land zoned for Residential use? Yes No

33) Any Recreational use? Yes No

34) Are there any buildings, structures, vehicles, equipment, or other apparatus on the land? Yes No

35) Are there any bodies of water such as but not limited to lakes, rivers, ponds, streams, creeks, pools, ocean, etc.? Yes No
If Yes, describe:

Are there "No Swimming" signs clearly posted around the bodies of water? Yes No

36) Are there any dams, quarries, mines, oil or gas wells, or underground fuel tanks? Yes No

37) What was the prior use of the land?

38) Was the property ever used as a landfill? Yes No

39) Any perceived or known knowledge of pollution or contamination to the property? Yes No

40) Is there public access to the land? Yes No
If Yes, describe:

41) Any security measures (gates, fences, signs, security, etc.) used to protect the property? Yes No

42) Are "No Trespassing" signs clearly posted at all entries? Yes No
If No, describe how trespassing is being deterred:

SECTION VII – LOSS HISTORY DETAILS

43) Describe any **liability losses** (whether or not covered by insurance) claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented prevent similar losses:

44) Describe any losses (whether or not covered by insurance) involving **assault or battery** claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented to prevent similar losses:

SECTION VIII – CURRENT LIABILITY INSURANCE PROGRAM

45) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.