

## VACANT BUILDING SUPPLEMENTAL APPLICATION FOR PROPERTY COVERAGE

First Named Insured		
1. Date property became vacant  2. What was prior occupancy?  3. Is the building for sale or lease?  If for sale, date property was put up for sale	Yes	No
<ul><li>4. How was the amount of insurance determined?</li><li>5. Date property purchased</li></ul>		
If within 3 years, what was the purchase price?		
6. Are regular security checks done?	Yes	No
If yes, by whom?	Yes	No
8. Are the utilities presently connected?	Yes	No
9. Is the building sprinklered?	Yes	No
If yes, is it still activated?	Yes	No
Who checks on the system to make certain the system is operating?		
10. Reason the building is vacant or unoccupied		
11. Expected date of occupancy		
12. Type of neighborhood		
12. Type of neighborhood13. Is neighborhood declining or in area of renovation?	Yes	No
14. Is the building scheduled for demolition?	Yes	No
If yes, when?15. Is there a governmental order to vacate or destroy the building, or has the b		
15. Is there a governmental order to vacate or destroy the building, or has the tuninhabitable or structurally unsafe?	ouilding been o Yes	classified as No
IMPORTANT NOTICE		
DECLARATION		
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMINANY person who, with the intent to defraud or knowing that he or she is facilitating a submits an application or files a claim containing a false or deceptive statements. I agree that any intermisrepresentation of a material fact concerning this insurance or the subject thereof issued.	a fraud against ent may be gu tional conceal	an insurer, uilty of ment or
As part of our underwriting procedures, a routine inquiry may be made to obtain ap concerning character, general reputation, and credit history. Upon your written requas to the nature and scope of the report, if one is made, will be provided.		
Signature of Applicant Title Date		
Signature of Producing Agent Date		
Agent Name and Address		