

VACANT PROPERTY SUPPLEMENTAL APPLICATION

DATE	(MM/DD/YYYY)	
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NAME (First Named Insured) AND MAILING ADDRESS		AILING ADDRESS	AGENCY			
PROPOSED EFF DATE PROPOSED EXP DATE			CODE:			
			CONTACT NAME:			
SU	PPLEMENTAL QUESTIONS	<u> </u>		VE0	NO	
1	IS THERE AN ACTIVE ALITOMAT	TIC FIRE ALARM2		YES	NO	
١.	IS THERE AN ACTIVE AUTOMATIC FIRE ALARM? IS IT CONNECTED TO A CENTRAL STATION?					
2.						
	IS IT CONNECTED TO A CENTR					
3.	IS THERE AN ACTIVE AUTOMAT					
1	IS IT CONNECTED TO A CENTRAL STATION?					
	4. HOW LONG HAVE YOU OWNED THE BUILDING? 5. WHAT WAS THE PURCHASE PRICE OF THE PROPERTY? \$					
6.	WHAT WAS THE PRIOR OCCUP	,				
7. 8.	HOW LONG HAS THE BUILDING		OCCUPY DEMOLICH ETC.)			
о.	WHAT ARE THE INTENTIONS FO	OR THE PROPERTY? (RENT, SELL	, OCCUPT, DEMOLISH, ETC.)	_		
9.	WHAT PERCENT OF THE BUILD	DING IS VACANT?%				
10.		RE YOU REQUESTING CONTENTS COVERAGE?				
	IF SO, WHAT CONTENTS ARE S	STILL PRESENT?				
11.	HAS THERE BEEN A LAPSE IN (COVERAGE ON THIS PROPERTY?				
	IF SO, FOR HOW LONG?					
12.	12. HOW FREQUENTLY IS THE BUILDING CHECKED?					
13	BY WHOM?					
13.	13. HOW IS THE BUILDING SECURED!					
14.	ARE ALL UTILITIES OPERATION	IAL?				
	IF YES, WILL THEY REMAIN OPERATIONAL DURING THE VACANCY? IF NO, PLEASE DESCRIBE WHICH UTILITIES WILL BE TURNED OFF.					
	II NO, I LEAGE DESCRIBE WITH	SIT OTHER TEST WILL BE TOKINED OF	1.			
15.		LY COVERED UNDER A BUILDER'S	S RISK POLICY?			
40	WHEN WAS THE EXPIRATION D		FDUOTIONIO			
16.	IF YES, IS THE STRUCTURE FU	Y IN A STATE OF STALLED CONST	RUCTION?			
17.			ONGOING OR ANTICIPATED DURING THE POLICY PERIOD?			
	IF YES, DESCRIBE THE WORK					
	ESTIMATE THE COST OF REPA	IDC: ¢		1		
	ESTIMATE THE COST OF REPA	INO. \$				
18.	WILL THE WORK BE DONE BY A	ANYONE OTHER THAN THE INSUR	ED?			

		YES	NO
19.	IF THE WORK IS BEING DONE BY OTHERS:		
	DO YOU REQUIRE A CERTIFICATE OF INSURANCE?		
	DO YOU REQUIRE A WRITTEN CONTRACT THAT INCLUDES A HOLD HARMLESS AGREEMENT?		
20.	ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE POLICY?		
21.	ARE THERE ANY BACK TAXES OWED OR TAX LIENS ON THE PROPERTY?		
22.	IS THERE MORE THAN ONE MORTGAGE ON THE PROPERTY?		
	IF YES, HOW MANY?		
23.	HAS THE NAMED INSURED FILED FOR BANKRUPTCY AT ANY TIME IN THE PAST 5 YEARS OR ARE THEY CURRENTLY IN THE PROCESS OF FILING FOR BANKRUPTCY?		
24.	HAS THE NAMED INSURED HAD ANY PROPERTIES FORECLOSED ON IN THE PAST 5 YEARS?		
25.	HAVE ANY OTHER BUILDINGS OWNED BY THE INSURED OR ANY AFFILIATE OF THE INSURED SUFFERED A FIRE LOSS DURING THE PAST 36 MONTHS?		
	IF SO, PLEASE EXPLAIN:		
26.	ARE THERE ANY DAMAGES THAT HAVE NOT BEEN FIXED OR REPAIRED?		
27.	7. HAVE THERE BEEN ANY COPPER THEFT LOSSES IN THE PAST 36 MONTHS?		
	IF YES, PLEASE DESCRIBE ANY STEPS TAKEN TO PREVENT FUTURE COPPER THEFT LOSSES:		
28.	DO ANY OF THE FOLLOWING EXPOSURES EXIST ON THE PREMISES?		
	POOL LAKE, RIVER, POND TRAMPOLINE HOT TUB		
29.	IS THERE A PARKING LOT?		
	WHO MAINTAINS THE PARKING LOT?		

LOSS RUNS MAY BE REQUIRED IF THE PROPERTY HAS NOT PREVIOUSLY BEEN COVERED BY A BUILDERS RISK POLICY OR HAS HAD A LAPSE IN COVERAGE.

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