



# VACANT BUILDING PRODUCT APPLICATION

## GENERAL APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Same as Mailing  
Inspection Contact Name \_\_\_\_\_  
Inspection Contact Phone \_\_\_\_\_

## DESIRED COVERAGE

☐ Property ☐ General Liability

## DESIRED TERM

☐ Annual ☐ 9 months ☐ 6 months ☐ 3 months

## TYPE OF VACANT EXPOSURE

- ☐ Applicant is the owner of a building that is 100% vacant Total sq. ft. \_\_\_\_\_  
☐ Applicant is the owner of a condo unit that is 100% vacant Total sq. ft. \_\_\_\_\_  
☐ Applicant is the owner of a building that is partially vacant Total sq. ft. \_\_\_\_\_  
Description & sq. ft. of all tenant occupancies \_\_\_\_\_  
☐ Applicant is the tenant leasing space that is currently vacant Total sq. ft. \_\_\_\_\_

## PROPERTY UNDERWRITING INFORMATION & ELIGIBILITY

Building limit \_\_\_\_\_

Business Personal Property limit \_\_\_\_\_

Desired Property deductible:

☐ \$500 ☐ \$2,500 ☐ \$10,000 ☐ 80% ☐ 90% ☐ 100%  
☐ \$1,000 ☐ \$5,000 ☐ \$25,000

Desired Coinsurance:

1. Have there been any Property losses in the past three years? Yes ☐ No ☐

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

2. Please select the construction type of the building:

☐ Frame ☐ Joisted Masonry ☐ Non-Combustible  
☐ Masonry Non-Combustible ☐ Modified Fire Resistive ☐ Fire Resistive

3. Please provide the protection class of the building \_\_\_\_\_

4. Please provide the year of original construction \_\_\_\_\_

5. Is the building plumbing PVC or copper? Yes ☐ No ☐

6. Have all HVAC systems been updated in the past 25 years? Yes ☐ No ☐

7. Please confirm the type of roof and year of most recent recoating or replacement \_\_\_\_\_

8. Is there a loss payee that needs to be added? Yes ☐ No ☐

Name	Interest	Address

9. Is any demolition work scheduled or planned in the future? Yes ☐ No ☐
10. Will there be any renovation work performed during the policy period? Yes ☐ No ☐
- If yes, please confirm the cost of the renovation work \_\_\_\_\_
  - If yes, please answer the following questions:
    - Will the renovations involve structural work? Yes ☐ No ☐
    - Are certificates of insurance required from all subcontractors or is the applicant performing the renovation work? Yes ☐ No ☐
    - Does the insured or contractor performing the work have at least 3 yrs of experience in conducting renovation projects? Yes ☐ No ☐
    - Will the renovations include any building additions other than situations where all buildings are frame construction and/or additions are being added to any side of the building? Yes ☐ No ☐
    - Does the project involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangars, silos, chemical petroleum energy, co-generation tanks, or radio, TV and communication towers? Yes ☐ No ☐
    - Are exterior operations limited to a maximum of four stories in height or fifty feet from grade level? Yes ☐ No ☐

#### GENERAL LIABILITY UNDERWRITING INFORMATION & ELIGIBILITY

Please select the desired General Liability limit:

- ☐ \$100,000/\$200,000      ☐ \$300,000/\$600,000      ☐ \$1,000,000/\$1,000,000
- ☐ \$100,000/\$300,000      ☐ \$500,000/\$500,000      ☐ \$1,000,000/\$2,000,000
- ☐ \$300,000/\$300,000      ☐ \$500,000/\$1,000,000      ☐ \$1,000,000/\$3,000,000

11. Have there been any General Liability losses in the past three years? Yes ☐ No ☐

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

12. Is the building located on a piece of land greater than five acres? Yes ☐ No ☐

13. Is there a mortgagee that needs to be added as an additional insured? Yes ☐ No ☐

Name	Interest	Address

#### GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

14. Any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the last five years? Yes ☐ No ☐
15. Has coverage been cancelled or non-renewed in the past three years for any reason other than the building being vacant (not applicable in Missouri)? Yes ☐ No ☐
16. Is the building locked and secured from unauthorized entry? Yes ☐ No ☐
17. Is the building currently damaged (fire or otherwise)? Yes ☐ No ☐
18. Is the applicant the owner of all properties or the tenant required to insure the building (if building coverage is requested)? Yes ☐ No ☐
19. Is the location a mobile home? Yes ☐ No ☐
20. Has any tenant been evicted from the property in the past 60 days and/or is any tenant in the process of being evicted? Yes ☐ No ☐
21. Is the building located on a farm? Yes ☐ No ☐
22. Is there a swimming pool at the location? Yes ☐ No ☐

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_