

VACANT COMMERCIAL APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

GENERAL DETAILS

Name and Mailing Address of Applicant: _____
 _____ State _____ Zip code _____
 Telephone _____ Email _____
 Address of Property to be Insured: _____
 _____ State _____ Zip code _____
 Name and Address of Retail Broker: _____
 _____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____
 Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

1. What type of Cover would you like? Property Package
 2. Period of Insurance required: Three months Six months Nine months Annual
 3. Total Value of building(s) to be insured: _____
 4. Premises Liability limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000
 5. Requested Effective Date: _____
 6. Construction Type: Fire Resistive Frame Masonry non combustible Other
 7. Protection Class: _____ 8. Total Sq Footage of building to be insured including outbuildings: _____
 9. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-25 Years 26-50 Years Over 50 Years
 10. Number of Floors of Main Building to be insured: _____ 11. Is Vandalism cover required? Yes No
 12. Is Sprinkler Leakage cover required? Yes No
 13. Are there any other Structures to be insured? Yes No 14. Value of Other Structure(s): _____
 Please provide a brief description: _____
 15. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
 16. Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
 17. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
 18. Which Utilities are operational Electricity only Water only Electricity & Water None
 19. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
 20. Prior use of building to be insured when last occupied? _____
 21. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____
