



## GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT?  YES  NO

ARE ALL BUILDINGS 4 UNITS OR LESS?  YES  NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME?  YES  NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS?  YES  NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE?  YES  NO DATE OF FORECLOSURE: \_\_\_\_\_

IS ANY BUILDING CONSTRUCTED ON STILTS?  YES  NO

IS ANY BUILDING INTENDED FOR DEMOLITION?  YES  NO

IS ANY BUILDING PARTIALLY CONSTRUCTED?  YES  NO

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER?  YES  NO

IS ANY BUILDING CONSTRUCTED OF LOGS?  YES  NO IS THE RISK A CONDOMINIUM UNIT?  YES  NO

ARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY?  YES  NO

IS THE HEAT MAINTAINED OR THE PIPES DRAINED?  YES  NO

WILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM?  YES  NO

**RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.**

“IF YES”, WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK?  YES  NO

IS THIS NEW CONSTRUCTION (BUILDERS RISK)?  YES  NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES?  YES  NO

IS ANY LOT SIZE MORE THAN 5 ACRES?  YES  NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)?  YES  NO

## PREMISES INFORMATION

Loc #:	Bldg#:
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Year Built:	Construction:	Square Footage:	No. of Stories:	No. of Units:
Actual Cash Value:	Purchase Price (if purchased in past year):	Date Purchased:	Property Inherited?	Date Vacated:
Equipped with functioning circuit breakers:		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted?		
Public Protection Class:	Distance to Fire Hydrant:	Fire District:	Active Sprinkler system:	
Active Central Station Fire/Burglar Alarm:		Prior use of building when occupied:		
24 Hour Watchman:	Intended disposition of risk (Sell, Rent, Occupy, Seasonal):			
Does someone check on the property on a regular basis?		By whom:	How Often?	
Describe neighborhood:		Describe general condition of bulding:		
If building is undergoing renovations, state the total amount that will be spent to improve the building: \$				
If building is undergoing renovations, check all boxes below that <i>define</i> the work being done				
REPLACING BATHROOM FIXTURES	REPLACING ROOF	REPLACING WINDOWS	SIDING OR PAINTING EXTERIOR	
REPLACING KITCHEN CABINETS	REPLACING FLOORS	REPLACING EXTERIOR DOORS	GUTTING THE PREMISES	
REPLACING PLUMBING/ HEATING / ELECTRICAL	PAINTING	OTHER (SPECIFY):		

**IF APPLICABLE:** STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE?  YES  NO

Loc #:	Bldg#:
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### MORTGAGEE OR LOSS PAYEE INFORMATION

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

**DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS**

<b>DATE OF LOSS</b>	<b>AMOUNT PAID</b>	<b>DESCRIPTION OF LOSS</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [ ] YES [ ] NO

**VERMONT FRAUD STATEMENT:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY BE A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

\_\_\_\_\_  
Original Signature of Producer (Required)

Date \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Applicant (Required)

\_\_\_\_\_  
Official Title (If Applicable) \_\_\_\_\_  
Date \_\_\_\_\_