

VACANT BUILDING APPLICATION



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PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS: _____

PRODUCER CODE: _____ RETAILER ID: _____
PERSON TO CONTACT: _____
FEDERAL ID / SOCIAL SECURITY #: _____
TELEPHONE: _____ FACSIMILE: _____
DATE SUBMITTED: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] ESTATE [] OTHER (SPECIFY) _____

Loc	Street	City	State	Zip

PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Deductible

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Coverage	Premium Amount
Property	\$
General Liability	\$
Adjustement to Minimum	
Total Premium	\$
Terrorism Risk Insurance Act Coverage Desired? () Yes () No	\$
Mine Subsidence (if applicable)	
Total with applicable surcharges & fees	\$

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

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

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

CONNECTICUT FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 IS A CRIME AND SUBJECTS SUCH 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 _____