

Vacant Building Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Form of Business: Individual Partnership Corporation LLC Other: _____
 Desired Term: Annual 9 Months 6 Months 3 Months Other: _____

Section II – Eligibility Criteria

1. Building is locked and secured from unauthorized entry True False
2. Building is not currently damaged (fire, windstorm or otherwise) True False
3. No tax or credit liens against the applicant in the past five years True False
4. Properties are not in foreclosure, receivership, bankruptcy or owned by a bank, or have been within the past five years? True False
5. The properties have not been condemned or anticipated to be condemned during our policy period True False
6. No tenants have been evicted from the property in the last 60 days and no one is in the process of being evicted True False

Section III – Building Information

1. Please complete the following for each location to be covered:

Location	Construction	Urban	Suburban	Rural	Age	No. of Stories	Vacant Since
No. 1							
No. 2							
No. 3							

2. Any attractive nuisances on the property, including but not limited to quarry, pit, caves, landfill, mines, vehicle trails, swimming holes, garbage dumps? Yes No

If YES, please describe in detail:

3. Is any building on an historic registry? Yes No
4. Is the location a mobile home? Yes No
5. Is there a government order to vacate or destroy the building? Yes No
6. Is the building completely vacant? Yes No

If NO, please complete the Partially Vacant Building Section.

7. Will there be any renovation or construction work performed during the policy period? Yes No

If YES, please complete the Renovation Section.

Section III – Building Information (continued)

8. For each location to be covered, please indicate the reason for vacancy below:

Location	Reason for Vacancy				
No. 1	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Settlement of estate	<input type="checkbox"/> Business Discontinued	<input type="checkbox"/> Loss of Tenant	<input type="checkbox"/> Other: _____
No. 2	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Settlement of estate	<input type="checkbox"/> Business Discontinued	<input type="checkbox"/> Loss of Tenant	<input type="checkbox"/> Other: _____
No. 3	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Settlement of estate	<input type="checkbox"/> Business Discontinued	<input type="checkbox"/> Loss of Tenant	<input type="checkbox"/> Other: _____

Section IV – Building Security & Safety

1. Please select all that are applicable.

Location	Building Security					Neighborhood		
No. 1	<input type="checkbox"/> Boarded	<input type="checkbox"/> Locked	<input type="checkbox"/> Fenced	<input type="checkbox"/> 24-hour Security	<input type="checkbox"/> Alarmed	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
No. 2	<input type="checkbox"/> Boarded	<input type="checkbox"/> Locked	<input type="checkbox"/> Fenced	<input type="checkbox"/> 24-hour Security	<input type="checkbox"/> Alarmed	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
No. 3	<input type="checkbox"/> Boarded	<input type="checkbox"/> Locked	<input type="checkbox"/> Fenced	<input type="checkbox"/> 24-hour Security	<input type="checkbox"/> Alarmed	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial

2. Are regular security checks done? Yes No

If YES, by whom? _____

3. Is the neighborhood declining or experiencing rehabilitation? Yes No

4. Are the utilities presently connected? Yes No

a. If YES, is the heat maintained at 55 degrees or higher? Yes No

b. If NO, have all plumbing systems been completely drained? Yes No

5. Is the building sprinklered? Yes No

a. If YES, is the system still activated? Yes No

b. If activated, who is checking the system to make certain it is still operational? _____

c. If not activated, has the system been completely drained? Yes No

Section V – Partially Vacant Building Not Applicable

1. What percent of the building is vacant? _____ %

2. Please provide a complete description of all occupancies (please note if owner-occupied):

3. Description of Occupancy Class Code Premium Basis Area:

4. Is vacant portion locked and secured from unauthorized entry? Yes No

5. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No

6. Is there an adequate number of adequately serviced fire extinguishers on the premises? Yes No

7. Are all permits obtained as required by law? Yes No

8. Has a valid certificate of occupancy been obtained for each tenant? Yes No

Section VI – Renovation Not Applicable

1. Will building(s) be undergoing renovations or demolition during the policy term? Yes No

If YES, complete the following:

What is the nature of the construction work?

Location	Nature of Construction Work			
No. 1	<input type="checkbox"/> Remodel Only	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
No. 2	<input type="checkbox"/> Remodel Only	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
No. 3	<input type="checkbox"/> Remodel Only	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____

Section VI – Renovation (continued)

2. What will be the future use of the building?

Location	Future Use of Buildings			
No. 1	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
No. 2	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
No. 3	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____

3. If residential, what type and total # units per type?

Location	Nature of Construction Work			
No. 1	<input type="checkbox"/> Apartments	<input type="checkbox"/> Condos	<input type="checkbox"/> Homes	<input type="checkbox"/> Other: _____
No. 2	<input type="checkbox"/> Apartments	<input type="checkbox"/> Condos	<input type="checkbox"/> Homes	<input type="checkbox"/> Other: _____
No. 3	<input type="checkbox"/> Apartments	<input type="checkbox"/> Condos	<input type="checkbox"/> Homes	<input type="checkbox"/> Other: _____

4. Estimated cost for renovation/construction operations:

During the next 12 months: \$ _____

For the entire project: \$ _____

Estimated Completion Date: _____

5. Does any interior demolition work need to be done prior to commencement of project? Yes No

6. Does any part of the project involve structural renovations? Yes No

7. Does the project involve bridges, dams, tunnels, bubble buildings, green houses, wastewater facilities, airport hangars, silos, chemical petroleum energy, co-generation tanks or radio, TV and communication towers? Yes No

8. Are exterior operations limited to a maximum of four stories in height or 50 feet from grade level? Yes No

9. If Applicant is the tenant, will business operations be conducted prior to completion of the projects? Yes No

10. Who will be performing the work?

If Applicant is hiring a licensed and insured general contractor:

a. Will the Applicant obtain a written contract from the General Contractor (GC)? Yes No

b. Does the contract include a hold harmless agreement in favor of the Applicant? Yes No

c. Will the Applicant require the GC to have equal limits and name the Applicant as additional insured? Yes No

d. Does GC have a minimum of three years of experience in conducting renovation projects? Yes No

If Applicant is acting as the general contractor:

a. Does Applicant have a minimum of three years of experience in conducting renovation projects? Yes No

b. Does Applicant obtain a written contract from all subcontractors? Yes No

c. Does the contract contain a hold harmless clause in favor of the Applicant? Yes No

d. Is Applicant named as an additional insured on the subcontractor's general liability policy? Yes No

11. Will the Applicant occupy the building upon completion? Yes No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY