



## Insurisk Excess & Surplus Lines Vacant and Vacant/Renovation Application

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Effective Date : \_\_\_\_\_ Policy Term: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coverage Desired:        \_\_\_ Monoline Liability        \_\_\_ Monoline Property        \_\_\_ Package

Perils:                    \_\_\_ Special        \_\_\_ Broad        \_\_\_ Basic

Prior Carrier (If previously vacant): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is the expiring carrier canceling or non-renewing? \_\_\_\_\_

If Yes, Please provide the reason \_\_\_\_\_

### Loss information for the past 3 years:

Year	# of Claim	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

### Schedule of Locations

Loc#	Bldg#	Address	City	County	State	Zip

Loc#	Bldg#	Building Limit	Contents Limit	Sq. Ft	# of Stories	Year Built	Construction	Protection Class

### General Information

Applicant is:        \_\_\_ Owner        \_\_\_ Tenant        \_\_\_ Other \_\_\_\_\_

What was the prior occupancy of the building? \_\_\_\_\_

How long has the building been vacant? \_\_\_\_\_

What is the reason for vacancy? \_\_\_\_\_

Is the building completely vacant?    \_\_\_ Yes                    \_\_\_ No

Total square feet occupied: \_\_\_\_\_ Type of occupancy: \_\_\_\_\_

What is the intended disposition? \_\_\_\_\_

Is the building fire, windstorm or otherwise damaged? \_\_\_\_\_

Is the building locked and secured from unauthorized entry? \_\_\_\_\_

Is the application aware of any storage of any chemical or pollutant on the premises? \_\_\_\_\_

**Renovation Information**

Total cost of the project? \_\_\_\_\_ Estimated completion date? \_\_\_\_\_

Does any part of the project involve structural renovations? \_\_\_\_\_

Does any interior demolition work need to be done prior to commencement of project? \_\_\_\_\_

If application is the tenant, will business operations be conducted prior to completion of the projects? \_\_\_\_\_

Who is performing the renovation work? \_\_\_\_\_

Does applicant/contractor have 3 years experience in conducting renovation projects? \_\_\_\_\_

**Liability Information**

Limits Desired: \_\_\_\_\_

Is the building on a farm? \_\_\_\_\_ Is the building on land greater than 5 acres? \_\_\_\_\_

Is there a swimming pool on the premises? \_\_\_\_\_

**Property Information**

Updates \_\_\_\_\_

Wiring Year: \_\_\_\_\_ Plumbing Year: \_\_\_\_\_ Heating Year \_\_\_\_\_ Roofing Year: \_\_\_\_\_

Sprinklered: \_\_\_\_\_ %: \_\_\_\_\_ Local Gong: \_\_\_\_\_ Central Stat: \_\_\_\_\_ No or non-oper: \_\_\_\_\_

Boarded: \_\_\_\_\_ Locked: \_\_\_\_\_ Fenced: \_\_\_\_\_ 24 Hr. Watchman on Site \_\_\_\_\_

Alarm(s): Burglar: \_\_\_\_\_ Fire: \_\_\_\_\_ Smoke: \_\_\_\_\_ Type: local: \_\_\_\_\_ CS: \_\_\_\_\_

Operation Utilities: Gas: \_\_\_\_\_ Electricity: \_\_\_\_\_ Water: \_\_\_\_\_

**Additional Insureds**

Complete Name	Address	Interest

Applicants Signature \_\_\_\_\_

Name of Authorized Agent \_\_\_\_\_