



Vacant Building Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Building information:

Location	Construction	Age	No. of stories	Vacant since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1				
No. 2				
No. 3				

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant area			
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage			

Has building been condemned? Yes No

Location	Building Security ("X" those applicable)						Neighborhood ("X" those applicable)			
	Board-ed	Locked	Fenced	24-hour security	Alarmed	How often do you see the building?	Resi-dential	Com-mercial	Indus-trial	Rural
No. 1										
No. 2										
No. 3										

If sprinklered, is sprinkler system turned off? Yes No

If no, explain: _____

Is a building to be demolished or remodeled? Yes No

If yes, please answer the following:

Describe the work to be done: _____

Expected start date: _____

Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor

Other: _____

Are certificates of insurance obtained from contractors or subcontractors? Yes No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? Yes No

Estimated cost for renovation/construction operations:

During next 12 months \$ _____

For entire project \$ _____

If applicant is acting as the general contractor:

Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? Yes No

Is applicant named as an additional insured on the subcontractor's policy? Yes No

Is scaffolding owned, rented or erected by the applicant? Yes No

Will applicant occupy the building upon completion? Yes No

3. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____