



United States Liability Insurance Group Vacant Building Package

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: _____

2. Mailing Address: _____

3. City: _____ State: _____ Zip Code: _____

If you have a website, include your website address: _____

4. Inspection Contact: _____ Telephone #: _____

5. Effective Date: _____ Policy Term: 3 6 9 12 months

Is the building historically significant/on Historical Register Yes No
Is the building completely vacant? Yes No If no, please identify other occupancy _____

6. Location(s) and Description of Property:

Loc. #	Bldg. #	Address	City	County	State	ZIP Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Loc. #	Bldg. #	No. of Stories	Construction	Age	Total Sq. Ft. Area	Public Protection Code	Operational Private Protection		
							C.S. Bglr. Alarm?	C.S. Fire Alarm?	Automatic Splkr.?
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

7. How long has Applicant Owned Property? _____ How long has Property been vacant? _____

8. Prior Occupancy? _____

9. Reason for Vacancy? _____

10. Intended Disposition? (sell, rent, occupy, demolish, *if demolish decline*) _____

11. Any back taxes owed or tax liens on the property? Yes No (If Yes, decline)

12. Has the risk filed for (or are they in) bankruptcy? Yes No (If Yes, decline)

13. Have any tenants been evicted from the property in the last 60 days? Yes No (If Yes, decline)

14. Has the applicant had any properties foreclosed on them in the last 7 years? Yes No (If Yes, decline)

15. Describe Area for Location(s) Commercial Residential Industrial Other _____

16. General Condition of Building(s)? (describe any existing damage, *if fire damage decline*) _____

17. Are Regular Checks Made of Premises? Yes No If Yes, how often? _____
By Whom? _____

18. Is Building(s) Locked Boarded Up Secured Alarmed Utilities Operational

19. If Building(s) will be undergoing renovations during policy term, describe extent: None or details _____

Any structural renovations? Yes No (If Yes, decline)

20. If under renovation-who will complete? Applicant GC or hired contractor Other _____
Total cost of Renovation? \$ _____
Estimated renovation completion date: _____

21. Prior Carrier: _____ Reason For Non-Renewing/Cancellation: _____

22. Loss History: None or details _____

Property (Complete this section if building coverage is desired)

23. Loc. #	Bldg. #	Existing Building	Renovation Cost	Total Ins. Value	Co-Ins.	Mortgage Amount
_____	_____	_____	_____	_____	_____%	_____
_____	_____	_____	_____	_____	_____%	_____
_____	_____	_____	_____	_____	_____%	_____

24. Cause of loss: Basic Excluding Sprinkler Leakage
 Special Excluding Sprinkler Leakage (Must be less than 10 years old and have a central station Burglar Alarm)
 Special Excluding Sprinkler Leakage and Theft (Must be less than 10 years old)

25. Rental value option requires a copy of a signed lease or contract. (enclose copy)

Rental value: _____ (6 month maximum)

Lease effective date: _____

26. Describe conditions of adjacent exposures, whether: Occupied Vacant Other _____

Liability (Complete this section if liability coverage is desired)

27. Limits Of Insurance 100,000/200,000 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000

28. Is Independent Contractors Coverage Desired? Yes No If So, Cost: _____

29. Size of Land? _____

30. Is there a swimming pool on the premises? Yes No (If yes, Decline)

31. Size of Parking Lot? _____

32. Is Parking Lot Fenced, Gated or Barricaded to Prevent Unauthorized Entry? _____

33. Does premises contain any underground storage tanks? Yes No If yes, explain _____

34. Is applicant aware of any prior use, storage or manufacture of any chemical, pollutant or water products on premises?
 Yes No If yes, explain _____

35. Name & Interest of any requested additional insured: _____

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 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.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE _____

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR BROKER TO: _____