



E & S PROPERTY - VACANT SUPPLEMENT

(This is a supplement to a completed ACORD application)

Named Insured: _____

Location Address: _____

Reason for Vacancy: _____ Length of Vacancy: _____

Is building 100% Vacant? Yes No If No, % vacant and describe occupant(s): _____

Prior occupancy: _____ Number of Units: _____

Intended Use of building: _____

Does any business personal property remain in the building? Yes No If Yes, describe: _____

Intended disposition of property: Sale Lease Renovation Demolition
 Other: _____

Expected date of occupancy: _____ How long has Insured owned this building? _____

Purchase price of the building: _____ Estimated Market Value of the building: _____

Are all Real Estate taxes paid current to date? Yes No

Are all mortgage or loan payments current to date? Yes No

Are there any liens against the property (other than mortgage)? Yes No If Yes, Explain: _____

Security:

- Central Station Burglar Alarm
- Local Burglar Alarm
- Exterior Openings Locked & Secured
- Boarded Up
- Perimeter Fencing
- Guard Service: 24/7 Guard Night Watchman Hourly Patrol
- Daily Patrol Weekly Patrol Other: _____

Fire Protection:

- Active Central Station Fire Alarm
- Local Fire Alarm
- Active Automatic Sprinkler System: Active Central Station Sprinkler Flow Alarm Local Sprinkler Flow Alarm
- Date Automatic Sprinkler System was last inspected and tested: _____

How often is building interior inspected? Daily Weekly Monthly Other: _____

Who inspects the building? _____

Who is responsible for building maintenance? _____

Utilities maintained in service: Electric Gas Water None

Is Heat maintained to 55F or greater? Yes No

If Heat is not maintained have all pipes/systems been drained & supply shut off? Yes No

Is air conditioning or any other system located outside of building structure? Yes No

If Yes, describe location and how it is secured: _____

Has the building been condemned or found to be unsafe? Yes No

Has there been any Building Code Violations? Yes No If Yes, Explain:

Has the property suffered any losses or damage in the past 5 years? Yes No If yes, describe:

Is there any unrepaired damage? Yes No If Yes, describe:

Complete this section if renovations are planned for this property:

Construction Schedule: Is project currently under construction? Yes No If Yes, Original start date? _____

% completed: _____ Values Completed: \$ _____

Estimated start date of the project? _____ Estimated Completion date? _____

Estimated term of construction _____ months.

Total Contract Cost \$ _____ Is this value included in the building or I&B limits on the application? Yes No

Is any structural work planned? Yes No (If yes describe below)

Are you requesting Soft costs coverage? Yes No Soft Cost deductible requested? _____ days.

Name and Address of General Contractor: _____

Does the General Contractor carry general liability insurance for this project? Yes No

Is there a hold harmless agreement between the General Contractor and the insured? Yes No

Will all sub-contractors be required to carry general liability insurance? Yes No

Fully describe the extent of the renovations (including detailing any planned structural work or additions):

Applicants Signature: _____ Date: _____

Producers Signature: _____ Date: _____