



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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APPLICATION FOR VACANT
PROPERTY

APPLICANT: _____

ADDRESS: _____
CITY STATE ZIP

LOCATION: _____

CONSTRUCTION _____ STORIES _____ AGE _____ PC _____

EFFECTIVE DATE DESIRED: _____ TERM: MONTHS 3 _____ 6 _____ 9 _____ ANNUAL _____ OTHER _____

PROPERTY COVERAGE **LIMIT** **COINSURANCE** **DEDUCTIBLE**

BUILDING \$ %

PERSONAL PROPERTY \$ %

TOTAL PROP. LIMIT \$
 (ACTUAL CASH VALUE)

LIABILITY \$
 (EACH OCCURRENCE)

PERILS: BASIC _____ BROAD _____ SPECIAL _____ (If available, must have updates to all utilities, including roof)

HOW LONG HAS APPLICANT OWNED BLDG? _____ HOW LONG HAS BLDG BEEN VACANT? _____

PRIOR OCCUPANCY: _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF): _____

DESCRIBE LOCATION AREA (i.e. COMMERCIAL, RESIDENTIAL, OTHER): _____

DESCRIBE GENERAL CONDITION OF BLDG: _____

DISTANCE TO COASTAL WATERS: _____

ARE REGULAR CHECKS MADE TO PREMISES? _____ HOW OFTEN? _____ BY WHOM? _____

IS BLDG SECURED/ALARMED? _____ UTILITIES OPERATIONAL? _____

PRESENT CARRIER EXPIRATION DATE ANNUAL PREMIUM POLICY PERIOD
\$

LOSS EXPERIENCE: _____

MORTGAGEE, IF ANY: _____

PRODUCER: _____ DATE: _____

ADDRESS: _____
CITY STATE ZIP

CONTACT NAME _____ AND TELEPHONE # FOR INSPECTION: _____

SIGNATURE OF APPLICANT: _____