

## VACANT BUILDING SUPPLEMENTAL APPLICATION

| 1.  | Named Insured:   |            |
|-----|--|------------|
| 2.  | Is the building completely vacant?   | 🗌 Yes 🗌 No |
|     | If No, please complete the Partially Vacant Building section.  |            |
| 3.  | What is the date the property became vacant?   |            |
| 4.  | What was the prior occupancy?  |            |
| 5.  | Why has the building become vacant?  |            |
| 6.  | How long has the property been vacant?   |            |
| 7.  | Is there a government order to vacate or destroy the building?   | 🗌 Yes 🗌 No |
| 8.  | What is the intended disposition?  | Other:     |
|     | When do you expect to do this?   |            |
| 9.  | Is the building (or if condo unit, the entire building to which unit is located) fire, windstorm or                  |            |
|     | otherwise damaged?   | 🗌 Yes 🗌 No |
| 10. | Are the utilities presently connected?   | 🗌 Yes 🗌 No |
|     | If yes, is the heat maintained at 55 degrees or higher?  | 🗌 Yes 🗌 No |
|     | If no, have all plumbing systems been completely drained?  | 🗌 Yes 🗌 No |
| 11. | Is the building sprinklered?   | 🗌 Yes 🗌 No |
|     | If yes, is the system still activated?   | 🗌 Yes 🗌 No |
|     | If activated, who is checking the system to make certain it is still operational?                                    |            |
|     | If not activated, has the system been completely drained?  | 🗌 Yes 🗌 No |
| 12. | Are there any aluminum or knob and tube wiring on the premises?  | 🗌 Yes 🗌 No |
| 13. | Are regular security checks done?  | 🗌 Yes 🗌 No |
|     | If yes, by whom?   |            |
| 14. | Is the neighborhood declining or experiencing rehabilitation?  |            |
| 15. | Is the named insured involved in Residential Homebuilding or General Contracting operations?                         | 🗌 Yes 🗌 No |
| 16. | Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been within the past 5 years? | 🗌 Yes 🗌 No |
|     | If yes, please describe:   |            |
|     |  |            |

## **RENOVATION INFORMATION**

Not Applicable

| 17.   | Total Cost of  | the Project:                  |                        |                       |                 |         |      |  |  |  |
|---|--|-------------------------------|------------------------|-----------------------|-----------------|---------|------|--|--|--|
| 18.   | Estimated Co   | ompletion Date:               |                        |                       |                 |         |      |  |  |  |
| 19.   | Does any part of the project involve structural renovations?   |                               |                        |                       |                 | 🗌 Yes 🗌 | No   |  |  |  |
| 20.   | Does any interior demolition work need to be done prior to commencement of project?                    |                               |                        |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| 21.   | If applicant is the tenant, will business operations be conducted prior to completion of the projects? |                               |                        |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| 22.   | Who is performing the renovation work? (Check all that apply)  |                               |                        |                       |                 |         |      |  |  |  |
|   | Applicant and/or their volunteers Independent Contractors hired by the Applicant A General Contractor  |                               |                        |                       |                 | actor   |      |  |  |  |
| 23.   | Does applicar  | nt/contractor have 3 years of | of experience in cond  | ucting renovation pro | ojects?         | 🗌 Yes 🗌 | ] No |  |  |  |
| INC   | DEPENDENT  | CONTRACTORS COVER             | RAGE                   | Check if cove         | rage is desired |         |      |  |  |  |
| 24.   | Is the contract  | ctor required to carry Gene   | eral Liability Insuran | ce?                   |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| 25.   | Is the contract  | ctor required to name the     | applicant as an Add    | tional Insured?       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| LIA   | BILITY INFO  | RMATION                       | 🗌 Not Appl             | icable                |                 |         |      |  |  |  |
| 26.   | Is the building  | g on a farm?                  |                        |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| 27.   | Is the building  | g on a piece of land greate   | er than 5 acres?       |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
|   | If Yes, what is  | s the total acreage?          |                        |                       |                 |         |      |  |  |  |
| 28.   | Is there a swi   | imming pool on the premis     | ses?                   |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| PR  | PROPERTY INFORMATION IN Not Applicable   |                               |                        |                       |                 |         |      |  |  |  |
| 29. Is the applicant aware of any storage of any chemical or pollutant on the premises? |  |                               |                        |                       |                 |         | ] No |  |  |  |
| 30.   | 30. How long has the applicant owned the property?   |                               |                        |                       |                 |         |      |  |  |  |
| 31.   | 31. Are there any back taxes owed or tax liens on the property?  |                               |                        |                       |                 |         |      |  |  |  |
| 32.   | 32. Have any tenants been evicted from the property in the past 60 days?                               |                               |                        |                       |                 |         | ] No |  |  |  |
| 33.   | 3. Is location a mobile home?  |                               |                        |                       |                 | 🗌 Yes 🗌 | ] No |  |  |  |
| 34.   | Is all electric connected to functional circuit breakers?  |                               |                        |                       | 🗌 Yes 🗌         | ] No    |      |  |  |  |
| ΡΑ  | RTIALLY VAC  | CANT BUILDING INFOR           | MATION                 | Not Applicabl         | е               |         |      |  |  |  |
| 35.   | What percent   | t of the building is vacant?  |                        | %                     |                 |         |      |  |  |  |
| 36.   | 36. Please provide a complete description of all occupancies (please note if owner-occupied)           |                               |                        |                       |                 |         |      |  |  |  |
|   | Loc #  | Description o                 | f Occupancy            | Class Code            | Premium Basis   | Are     | ea   |  |  |  |
|   |  |                               |                        |                       |                 |         |      |  |  |  |
|   |  |                               |                        |                       |                 |         |      |  |  |  |
|   |  |                               |                        |                       |                 |         |      |  |  |  |
| 37.   | Is vacant por  | tion locked and secured fr    | om unauthorized er     | itry?                 |                 | 🗌 Yes [ | No   |  |  |  |
| 38.   | 38. Is applicant currently evicting or planning to evict any current tenant?                           |                               |                        |                       |                 |         | No   |  |  |  |

| 39. | Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? | 🗌 Yes 🗌 No |
|-----|--|------------|
| 40. | Is there an adequate number of adequately serviced fire extinguishers on the premises?             | 🗌 Yes 🗌 No |
| 41. | Are all permits obtained as required by law?   | 🗌 Yes 🗌 No |
| 42. | Has a valid certificate of occupancy been obtained for each tenant?                                | 🗌 Yes 🗌 No |
|     |  |            |

Signature of applicant:

Date: