

E & S PROPERTY - VACANT SUPPLEMENT

(This is a supplement to a completed ACORD application)

Named Insured:							
Location Address:							
Reason for Vacancy:							
How long has building(s) been vacant:_						
Is building 100% Vacant	? □ Yes	□ No	If No, % vacant	and describe oc	cupant(s):		
Prior occupancy:					Number of Units:		
Intended Use of building	g:						
Does any business perso	onal property re	main in the bui	ilding? □ Yes	□ No	If Yes, describe:		
Intended disposition of	property:	☐ Sale ☐ Other:			☐ Demolition		
Expected date of occupancy: How long has Insured owned this building?							
Purchase price of the bu	uilding:		Estimated Ma	rket Value of the	building:		
Are all Real Estate taxes	paid current to	date?	☐ Yes ☐ No				
Are all mortgage or loar	n payments curr	ent to date?	□ Yes □ No				
Are there any liens again	nst the property	/ (other than m	□ Yes □ No	If Yes, Explain:			
- · · · · · · · · · · · · · · · · · · ·				 □ Exterior Openings Locked & Secured □ Hourly Patrol □ Other: 			
Fire Protection: Active Central State Active Automatic State Date Automatic	tion Fire Alarm Sprinkler Systen	□ Loo		on Sprinkler Flow	Alarm	v Alarm	
Utilities maintained in s	ervice:	☐ Electric	☐ Gas	☐ Water	□ None		
Is Heat maintained to 55	5F or greater?	□ Yes □ No					
If Heat is not mainta	ained have all pi	pes/systems be	een drained & su	pply shut off?	☐ Yes ☐ No		
Is air conditioning or an	y other system	located outside	of building struc	ture? □ Yes	□No		
If Yes, describe loca	tion and how it	is secured:					

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How often is building interior inspected?	☐ Daily	□ Weekl	y 🗆 Monthly	☐ Other:						
Who inspects the building?										
Who is responsible for building maintenance?										
Has the building been condemned or found to	be unsafe?	□ Yes [□ No							
Has there been any Building Code Violations?	□ Yes □ No	ľ	f Yes, Explain:							
Has the property suffered any losses or damage	ge in the past 5 y	ears? [☐ Yes ☐ No	If yes, describe:						
Is there any unrepaired damage?	s □ No	If Yes, de	scribe:							
Complete this section if renovations are plann	ed for this prope	rty:								
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 the	is value included	in the build	ling or I&B limits on	the application? \square Yes \square No						
Is any structural work planned? \square Yes \square No ((If yes describe be	elow)								
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? \square Yes \square No										
Is there a hold harmless agreement between the General Contractor and the insured? \Box Yes \Box No										
Will all sub-contractors be required to carry go	eneral liability ins	urance? □	Yes □ No							
Fully describe the extent of the renovations (including detailing any planned structural work or additions):										
Applicants Signature:			Date:							
Producers Signature:	Date:									