

# VACANT BUILDING PROPERTY APPLICATION

Named Insured	_____
Mailing Address	_____
Physical Address	_____
Policy Term	_____ to _____ (_____ months)
Reason for vacancy?	_____
Intended disposition of property?	_____
Former occupancy of property?	_____
How long has the property been vacant?	_____
How long has the property been vacant under current ownership?	_____
Taxes, mortgages fully paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please make comment below)
Has the Named Insured ever filed for bankruptcy or is in the process of filing for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please make comment below)
ISO Construction Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Stories	_____
Area	_____ square feet
Fixed Protection (sprinklers, etc)	_____
Alarm System/Security (fire/theft)	_____
Are utilities on and in proper working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, comment: _____
Frequency of security checks	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other, comment: _____
ISO Protection Class	_____
Loss History (3 years minimum)	_____
Year Built/Effective Age of Building(s)	Year Built: _____ Year of Upgrades: _____
	Comments: _____
Building Value	\$ _____ <input type="checkbox"/> ACV <input type="checkbox"/> RC   Coins _____%
Maximum Amount Subject	\$ _____ <input type="checkbox"/> Single building <input type="checkbox"/> Multiple buildings
Insurance to Value (\$ per sq-ft)	\$ _____
Requested Deductible	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other, specify \$ _____
Optional Coverage Selections (Additional charges may apply)	<input type="checkbox"/> Special Form <input type="checkbox"/> Agreed Amount <input type="checkbox"/> Permission to Occupy (explain below)
Producer Notes/Comments	_____ _____ _____ _____

Please fax this supplement along with completed Acord applications to:

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