



# United States Liability Insurance Group

## Vacant Building Package

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Inspection Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Effective Date: \_\_\_\_\_ Policy Term:  3  6  9  12 months  
 Building Age: \_\_\_\_\_ Is the building historically significant/on Historical Register  Yes  No

6. Location(s) and Description of Property:

Loc. #	Bldg. #	Address	City	County	State	ZIP Code

Loc. #	Bldg. #	No. of Stories	Construction	Total Sq. Ft. Area	Public Protection		Operational Private Protection		Date Last Tested
					Code	C.S. Bglr. Alarm?	C.S. Fire Alarm?	Automatic Splkr.?	

7. How long has Applicant Owned Property? \_\_\_\_\_ How long has Property been vacant? \_\_\_\_\_
8. Prior Occupancy? \_\_\_\_\_
9. Reason for Vacancy? \_\_\_\_\_
10. Intended Disposition? (sell, rent, occupy, demolish, *if demolish decline*) \_\_\_\_\_

11. Any back taxes owed or tax liens on the property? . . . . .  Yes  No (If Yes, decline)
12. Has the risk filed for (or are they in) bankruptcy? . . . . .  Yes  No (If Yes, decline)
13. Have any tenants been evicted from the property in the last 60 days? . . . . .  Yes  No (If Yes, decline)
14. Has the applicant had any properties foreclosed on them in the last 7 years? . . . . .  Yes  No (If Yes, decline)

15. Describe Area for Location(s)  Commercial  Residential  Industrial  Other \_\_\_\_\_

16. General Condition of Building(s)? (describe any existing damage, *if fire damage decline*) \_\_\_\_\_

17. Are Regular Checks Made of Premises?  Yes  No If Yes, how often? \_\_\_\_\_  
 By Whom? \_\_\_\_\_

18. Is Building(s)  Locked  Boarded Up  Secured  Alarmed  Utilities Operational

19. If Building(s) will be undergoing renovations during policy term, describe extent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. If under renovation-who will complete?  Applicant  GC or hired contractor  Other  
 Total cost of Renovation? \$ \_\_\_\_\_  
 Estimated renovation completion date: \_\_\_\_\_

21. Prior Carrier: \_\_\_\_\_ Reason For Non-Renewing: \_\_\_\_\_  
 \_\_\_\_\_

22. Loss History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Property** (Complete this section if building coverage is desired)

23. Loc. #	Bldg. #	Existing Building	Renovation Cost	Total Ins. Value	Co-Ins.	Mortgage Amount
_____	_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____	_____ %	_____

24. Cause of loss:  Basic Excluding Sprinkler Leakage  
 Special Excluding Sprinkler Leakage (Must be less than 10 years old and have a central station Burglar Alarm)  
 Special Excluding Sprinkler Leakage and Theft (Must be less than 10 years old)

25. Rental value option requires a copy of a signed lease or contract. (enclose copy)  
 Rental value: \_\_\_\_\_ (6 month maximum)  
 Lease effective date: \_\_\_\_\_

26. Describe conditions of adjacent exposures, whether  Occupied  Vacant  Other \_\_\_\_\_  
 \_\_\_\_\_

**Liability** (Complete this section if liability coverage is desired)

27. Limits Of Insurance \_\_\_\_\_

28. Is Independent Contractors Coverage Desired?  Yes  No If So Cost: \_\_\_\_\_

29. Size of Land? \_\_\_\_\_ Swimming Pool? \_\_\_\_\_

30. Size of Parking Lot? \_\_\_\_\_

31. Is Parking Lot Fenced, Gated or Barricaded to Prevent Unauthorized Entry? \_\_\_\_\_

32. Does premises contain any underground storage tanks?  Yes  No If yes, explain \_\_\_\_\_

33. Is applicant aware of any prior use, storage or manufacture of any chemical, pollutant or water products on premises?  
 Yes  No If yes, explain \_\_\_\_\_

**FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE \_\_\_\_\_

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL COMPLETED  
 APPLICATION THROUGH  
 LOCAL AGENT OR BROKER TO: