



VACANT SUPPLEMENT

I. GENERAL INFORMATION

Eff Date ___/___/___ Inspection Contact _____ Phone () _____

Name _____

Location Address _____ State _____ Zip _____

Website address _____

Type Of Property (check one):

[] Apartment
[] Offices
[] Industrial/Mfg
[] Shopping Center/LRO
[] Other / Mixed Use

Business Structure (check one):

[] Corporation
[] Partnership
[] Sole Proprietor
[] Other

Property Mgmt. Experience:

❖ Years of Property Mgmt. Experience: _____
❖ Years as Managing This Location: _____

Prior Occupancy: _____ Length of time vacant _____

Applicant's Financial Condition : _____

Reason for Vacancy: _____

Plans for Building: _____

Is building to be demolished or remodeled [] Yes, or [] No

If Yes provide details: _____

Dates of Update: wiring plumbing heating roof

(Circle all that apply)

Wiring is: Aluminum 100% pigtailed, copper, Circuit breakers, fuses

Private protection: 100% sprinklered, central station burglar alarm, central station fire alarm, watchman, boarded, locked, fenced, lighted

Will power remain on during vacancy? [] Yes [] No

Will Heat remain on during vacancy? [] Yes [] No

If no, what is being done to avoid frozen pipes, sprinkler leakage and water damage? _____

Describe surrounding area (ie industrial occupied, residential occupied, other, vacant, etc.) _____

Loss History (3 years): _____

Requested Coverage: [] Basic, [] Broad [] Special

Deductible \$ _____ Co-insurance _____ %

Proposed Effective Date: _____ Target Premium: \$ _____