



**SPECIALTY PROPERTY  
VACANT SUPPLEMENT**

**I. GENERAL INFORMATION**

Eff Date \_\_\_/\_\_\_/\_\_\_ Inspection Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Location Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website address \_\_\_\_\_

Type Of Property (check one):

|  |
|--|
| <input type="checkbox"/> Apartment           |
| <input type="checkbox"/> Offices             |
| <input type="checkbox"/> Industrial/Mfg      |
| <input type="checkbox"/> Shopping Center/LRO |
| <input type="checkbox"/> Other / Mixed Use   |

Business Structure (check one):

|  |
|--|
| <input type="checkbox"/> Corporation     |
| <input type="checkbox"/> Partnership     |
| <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> 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: \$ \_\_\_\_\_