



Insurisk Excess & Surplus Lines Vacant and Vacant/Renovation Application

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Effective Date : _____ Policy Term: _____

Inspection Contact: _____ Phone Number: _____

Coverage Desired: ___ Monoline Liability ___ Monoline Property ___ Package

Perils: ___ Special ___ Broad ___ Basic

Prior Carrier (If previously vacant): _____ Expiration Date: _____

Is the expiring carrier canceling or non-renewing? _____

If Yes, Please provide the reason _____

Loss information for the past 3 years:

Year	# of Claim	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Schedule of Locations

Loc#	Bldg#	Address	City	County	State	Zip

Loc#	Bldg#	Building Limit	Contents Limit	Sq. Ft	# of Stories	Year Built	Construction	Protection Class

General Information

Applicant is: ___ Owner ___ Tenant ___ Other _____

What was the prior occupancy of the building? _____

How long has the building been vacant? _____

What is the reason for vacancy? _____

Is the building completely vacant? ___ Yes ___ No

Total square feet occupied: _____ Type of occupancy: _____

What is the intended disposition? _____

Is the building fire, windstorm or otherwise damaged? _____

Is the building locked and secured from unauthorized entry? _____

Is the application aware of any storage of any chemical or pollutant on the premises? _____

Renovation Information

Total cost of the project? _____ Estimated completion date? _____

Does any part of the project involve structural renovations? _____

Does any interior demolition work need to be done prior to commencement of project? _____

If application is the tenant, will business operations be conducted prior to completion of the projects? _____

Who is performing the renovation work? _____

Does applicant/contractor have 3 years experience in conducting renovation projects? _____

Liability Information

Limits Desired: _____

Is the building on a farm? _____ Is the building on land greater than 5 acres? _____

Is there a swimming pool on the premises? _____

Property Information

Updates _____

Wiring Year: _____ Plumbing Year: _____ Heating Year _____ Roofing Year: _____

Sprinklered: _____ %: _____ Local Gong: _____ Central Stat: _____ No or non-oper: _____

Boarded: _____ Locked: _____ Fenced: _____ 24 Hr. Watchman on Site _____

Alarm(s): Burglar: _____ Fire: _____ Smoke: _____ Type: local: _____ CS: _____

Operation Utilities: Gas: _____ Electricity: _____ Water: _____

Additional Insureds

Complete Name	Address	Interest

Applicants Signature _____

Name of Authorized Agent _____