



## 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: \_\_\_\_\_

Any back taxes owed or tax liens on the property?  Yes, or  No

Has the risk filed for (or are they in) bankruptcy?  Yes, or  No

Dates of Update: wiring \_\_\_\_\_ plumbing \_\_\_\_\_ heating \_\_\_\_\_ roof \_\_\_\_\_

#### (Check the box for 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 for location:

Commercial  Residential  Industrial  Other \_\_\_\_\_

Loss History (3 years): \_\_\_\_\_

**Requested Coverage:**  Basic,  Broad  Special

Deductible \$ \_\_\_\_\_ Co-insurance \_\_\_\_\_ %