

## **VACANT DWELLING APPLICATION FORM**

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

	ELIGIBILITY QU	ESTIONS			
In which state is the property to be insured:					
2. Please confirm the type of property to be insured:	Residential	Commercial	Farm		Other
3. Please enter the period the property has been vacant:	0-6 Months	7-24 Months	25-36 Months	;	37+ Months
4. Has the property to be insured been continuously cover	ed by a policy of pro	operty insurance sinc	e becoming vacant?	Yes	No
5. Is the building(s) to be insured secured against unautho			Ū	Yes	No
<b>6.</b> Has the applicant had any policy of property insurance of (three) years for reasons other than vacancy? (Not applications please select 'No'.):				Yes	No
If the answer above is Yes, were they for any of the follow - Insurer no longer writing class of business? - Insurer no longer writing class of business in terri - Risk no longer qualifying for an Admitted Carrier - Loss History?	itory?			Yes	No
<ul> <li>7. Has the applicant ever been involved in any bankruptor</li> <li>78. Is the property to be insured subject to mortgage forecle</li> <li>79. Has the property to be insured been condemned or is it</li> <li>10. Existing damage to building(s) to be insured?</li> </ul>	osure proceedings	or tax liens?	or insurance fraud?	Yes	No
11. Is the property to be insured subject to more than two r or a mortgage provided by an individual or entity other the					
1& Is the property to be insured undergoing any renovatio	n or construction w	ork of any kind, or is a	any such work due to c	ommen	ce while
insurance is in effect?				Yes	No
If the answer above is "yes" please answer the following $\boldsymbol{q}$	uestion				
$\ensuremath{ \mbox{1'}}$ . Is the renovation or construction work (i) being perform	ned by a contractor	or owner where proje	ect costs exceed \$400,0	000; or (	ii) involve
structural work or structural repairs being performed by an	y person?			Yes	No
	ADDI ICANT D	TTAIL O			
	APPLICANT D	E I AIL3			
Name and Mailing Address of Applicant:					
	_ State		Zip code		
Telephone	Email				
Address of Property to be Insured:					
	State		Zip code		

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\_ Zip code \_\_\_

\_ State \_\_\_

## **CONTACT DETAILS**

Contact Name
Telephone Email
COVERAGE AND PROPERTY DETAILS
14. Protection Class: 15. Period of Insurance: 3 Months 6 Months 9 Months Annu
<b>16.</b> Total Sq Footage of building to be insured including outbuildings:
17 . Is Vacant Condominium Unit Owners Coverage required? Yes No
<b>18.</b> Value of Building: (Total value of Main Building excluding Other Structure(s)):
19. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Res
20. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-3Í Years ////////////////////////////////////
21. When was the roof last replaced? 0-25 Years Ä26-50 Years ÄOver 50 Years
22. Are there any other Structures to be insured? Yes No 23. Value of Other Structure(s):
24. Please provide a brief description:
25. Do you require personal property? Yes No
26. Value of personal property to be insured:
<b>27.</b> Wind and Hail Deductible per occurrence: 500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
<b>28.</b> All Other Perils Deductible (excluding Wind Peril): 500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
29. Type of Quote: DP-1 DP-3
30. Estimated Renovation or Construction Work Project Costs:
31. Description of Renovation or Construction Work:
<b>32.</b> Is Work being undertaken by a Contractor? Yes No
33. What CGL Limit carried by the Contractor? 300k 500k Ánm
34. Is Vandalism and Malicious Mischief cover required? Yes No
35. Premises Liability: Yes No
<b>36.</b> Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
37. How often is the building to be insured inspected by the applicant or the applicant's representative? #Daily Weekly Monthly Other
38. Which Utilities are operational: ADlectricity only ANN ater only ANN
39. Is there a fully functional Central Station Burglar Alarm with active monitoring contact?  Yes No
40. Have there been any insured or uninsured losses or claims at the property to be insured?  Yes ÁNO
Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has
been repaired:
41. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):
42. If required, please enter below details of Additional Insured:

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## **DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature	Retail Broker's Signature
Date	Date