



III of Maryland, Inc.  
 10430 Shaker Drive, Suite 200 Columbia, MD 21046  
 800-392-3771; 410-337-9295; 410-730-2156 Fax

**VACANT BUILDING APPLICATION**  
**Property and General Liability Coverage**

Applicant information (All requested information must be provided for application to be considered)

Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street City State Zip

Applicant is:  Individual  Partnership  Corporation  Other (Specify) \_\_\_\_\_

Location Address: \_\_\_\_\_

Street City State Zip

Policy Term:  3 Months  6 Months  12 Months

**Property coverage limit**

Building \$ \_\_\_\_\_ (ACV or purchase price, If purchased within past year)  
 \*\* Renovations \$ \_\_\_\_\_ (Total amount that will be spent to improve building)

Please List renovations:  
 (These will be listed on the policy)

\_\_\_\_\_  
 \_\_\_\_\_

Personal Property \$ \_\_\_\_\_ (Coverage not available if renovating)

Other Structures \$ \_\_\_\_\_ (ACV or purchase price of other structures \*\*\*)  
 (\*\*\*)Other Structures -Indicate Type of Structure Above)

**Total Property Limit:** \$ \_\_\_\_\_

**\*\*RENOVATIONS** (if applicable)

Will building be undergoing renovations of any kind during the policy term?  Yes  No

Note: Renovations are defined as: any kind of remodeling, repair work or improvements, incl. additions, NOT New Construction.

"If yes", will the renovations be structural?  Yes  No

"If yes", will anyone other than the applicant be doing any of the work?  Yes  No

State the total amount that will be spent to improve the building: \$ \_\_\_\_\_

**Liability of Liability** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Each Occurrence) (General Aggregate)

**Terrorism Risk insurance coverage act desired?**  Yes  No

How long has applicant owned building? \_\_\_\_\_ Actual Cash Value \$ \_\_\_\_\_  
 If purchased within past year, indicate purchase price \$ \_\_\_\_\_ Date Of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month / Day /Year

Prior use of building when occupied? \_\_\_\_\_

Intended disposition of risk (Sell, Rent, Occupy Self, Seasonal, Demolish) \_\_\_\_\_

Are regular checks made to premises?  Yes  No. If "Yes", how often? \_\_\_\_\_

Is building locked & secured?  Yes  No No. of Stories: \_\_\_\_\_ Sq. Footage \_\_\_\_\_

State lot size, if more than 1.5 acres: \_\_\_\_\_ No. of dwelling/retail units: \_\_\_\_\_ Year built: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Date vacated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Protection Class: \_\_\_\_\_  
 Month / Year



Are there any back taxes owed or tax liens on the Property? \_\_\_\_\_  
 Has Applicant or Majority Partner filed for Bankruptcy in the past 5 years? \_\_\_\_\_  
 Have any tenants been evicted from the Property in the past 60 days? \_\_\_\_\_  
 If Applicable: State the distance from ocean, gulf, bay, inlet or sound: \_\_\_\_\_

**ADDITIONAL BUILDING INFORMATION**

Is there a pool, pond, lake or trampoline on the premises? [ ] Yes [ ] No  
 Is there a parking lot? [ ] Yes [ ] No  
 If "yes", is the parking lot fenced, closed off to others or posted for no trespassing? [ ] Yes [ ] No  
 Describe neighborhood: \_\_\_\_\_  
 Describe general condition of building: \_\_\_\_\_  
 Is interior of building free of garbage, debris, refuse, etc.? [ ] Yes [ ] No  
 Is there an active central station fire / burglar alarm? [ ] Yes [ ] No  
 Is the heat maintained or are the pipes drained? [ ] Yes [ ] No  
 Is there an active sprinkler system? [ ] Yes [ ] No  
 Is building fire or otherwise damaged? [ ] Yes [ ] No

**Mortgagee or Loss Payee Information**

\*\*\*We will not accept individuals as mortgagee, only as loss payees.\*\*\*

Mortgagee Or Loss Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Loss Information Prior Carrier: \_\_\_\_\_

	Year	Amount	Description of Losses- Damages Repaired [ ] Yes [ ] No
Losses past 3 years*	_____	\$ _____	_____
* Indicate "none", if no losses	_____	\$ _____	_____
	_____	\$ _____	_____

The applicant covenants that the information on this application is true, complete, and correct based on his/her records, knowledge and belief. The applicant agrees that this application shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Original Signature of Producer (required) \_\_\_\_\_

Original Signature of Applicant (required) \_\_\_\_\_

Date \_\_\_\_\_

Official Title (If Applicable) \_\_\_\_\_

Date \_\_\_\_\_

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