



INSURANCE INNOVATORS INCORPORATED
 130 S. Easton Rd. PO Drawer 969, Glenside, PA 19038
 800-523-6422/215-885-7300; 215-886-2482 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 _____

Rev. 2/12