

VACANT BUILDING APPLICATION CAUSES OF LOSS – BASIC FORM



Underwritten by

DIAMOND STATE INSURANCE COMPANY®

A Member of the United National Group®

P.O. Box 3016 / Evanston, IL 60204

Telephone (800) 310 – 3351

PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE

Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

PRODUCER CODE: _____

PERSON TO CONTACT: _____

FEDERAL ID / SOCIAL SECURITY #: _____

TELEPHONE: _____ FACSIMILE: _____

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

APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION “COUNTY”

STATE

ZIP

A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION. ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.

PROPERTY COVERAGE

LIMIT

BUILDING	\$ _____	(ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS	\$ _____	(TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
BRAND NEW CONSTRUCTION	\$ _____	(COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
PERSONAL PROPERTY	\$ _____	(COVERAGE NOT AVAILABLE IF RENOVATING)
_____	\$ _____	(ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)

PREMIUM AMOUNT

TOTAL PROPERTY LIMIT \$ _____

\$ _____

LIABILITY COVERAGE (*PER DWELLING/* \$ _____
RETAIL UNIT) (EACH OCCURRENCE)

\$ _____

TERRORISM RISK INSURANCE ACT COVERAGE DESIRED? [] YES [] NO

\$ _____

Total \$ _____

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): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] NO IF “YES”, HOW OFTEN? _____

BY WHOM? _____ IS BUILDING SECURED? [] YES [] NO NO. OF STORIES: _____

IS LOT SIZE MORE THAN 5 ACRES? _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ DATE VACATED: ____/____ PROTECTION CLASS: ____
MONTH / YEAR

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? [] YES [] NO

SEE REVERSE SIDE

F347-MO (05/08)

ADDITIONAL BUILDING INFORMATION

IS THERE A POOL, POND, LAKE OR HOT TUB 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: _____

ARE THERE ANY HAZARDS ON THE PROPERTY? (abandoned - appliances, swing sets, trampoline, treehouse, vehicles, debris, 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

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? ☐ 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: \$ _____

CHECK ALL BOXES BELOW THAT *DEFINE THE WORK BEING DONE*: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

☐ REPLACING BATHROOM FIXTURES ☐ REPLACING ROOF ☐ REPLACING WINDOWS ☐ SIDING OR PAINTING EXTERIOR

☐ REPLACING KITCHEN CABINETS ☐ REPLACING FLOORS ☐ REPLACING EXTERIOR DOORS ☐ GUTTING THE PREMISES

☐ REPLACING PLUMBING/ HEATING / ELECTRICAL ☐ PAINTING ☐ OTHER (SPECIFY): _____

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

IS WINDSTORM POOL COVERAGE AVAILABLE? ☐ YES ☐ NO

MORTGAGEE OR LOSS PAYEE INFORMATION

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,
ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

	<u>YEAR</u>	<u>AMOUNT</u>	<u>DESCRIPTION OF LOSSES</u> – DAMAGES REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE", IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER DIAMOND STATE INSURANCE CO, INC. ISSUES A WRITTEN BINDER CONFIRMATION.

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)

Date _____

Original Signature of Applicant (Required)

Official Title (If Applicable)

Date

MAKE CHECKS PAYABLE TO:

Mail checks to:

DIAMOND STATE INSURANCE COMPANY®

Diamond State Insurance Company®

Administrative Office

P.O. Box 3016

Evanston, Illinois 60204