



**VACANT/BUILDERS' RISK/RENOVATION RISK PROPERTY SUPPLEMENTAL**

**PROPERTY INFORMATION**

**GENERAL INFORMATION**

Name:	Mailing Address:
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Eff. Date:	Exp Date:	Risk Type: (Complete relevant parts)	<input type="checkbox"/> Vacant Risk <input type="checkbox"/> Builders' Risk (Ground up construction) <input type="checkbox"/> Renovation Risk
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Risk Address:

Year Built:	Protection Class:	Year Renovated:
Square Feet:	Number of Stories:	Wiring:      Roof:
Construction Type:		Plumbing:      Heating:

<b>Protective Devices</b> <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Sprinklers <input type="checkbox"/> Other – (Describe below)	<b>Prior Carrier &amp; Loss History</b> Prior Carrier: Losses: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach loss runs and/or describe below)  Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe below)	<b>Describe Neighborhood:</b>  Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Status:  Mortgagee:
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How long has the applicant owned property at this location:\*\*

Prior occupancy:

Time Vacant:      Reason:

Condition of building:

Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy	Frequency of check-ups: Made by whom:
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Building Secured: Locked: Boarded Up: Alarmed: Utilities Operational:

Intended renovations:

Is the building historically significant, a landmark or on a Historical Registry: Yes  No

\*\* For new purchase, please insure for "purchase price excluding land".

**PROPOSED PROPERTY COVERAGE**

Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		
Term: <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos. <input type="checkbox"/> Other -		

Other Pertinent Information:

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Insured's Signature:	Producer's Signature:	
Date:	Date:	