

VACANT BUILDING APPLICATION CAUSES OF LOSS – BASIC FORM

United National Insurance Company

PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ 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: _____ RETAILER ID: _____

PERSON TO CONTACT: _____

FEDERAL ID / SOCIAL SECURITY #: _____

TELEPHONE: _____ FACSIMILE: _____

DATE SUBMITTED: _____

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 [] ESTATE [] OTHER (SPECIFY) _____

LOCATION ADDRESS: _____

STREET CITY
STATE ZIP

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Loc #	Bldg #	Limit	Coverage	
		\$	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—GL coverage not available)
		\$	Personal Property	(Coverage not available if renovating)
		\$	Total Location Limit	
		\$	Deductible	

Coverage					Premium Amount
Property					\$
General Liability	Limit:	\$			\$
Adjustment to Minimum					
Total Premium					\$
Terrorism Risk Insurance Act Coverage Desired?	()	Yes	()	No	\$
Mine Subsidence (if applicable)					
Policy Fee/Inspection Fee					\$
Total with applicable surcharges & fees					\$

HOW LONG HAS APPLICANT OWNED BUILDING? _____ ACTUAL CASH VALUE \$ _____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____
MONTH / DAY / YEAR

WAS PROPERTY INHERITED? [] YES [] NO DATE VACATED: _____ (MO/YR)

SQ. FOOTAGE: _____ NO. OF STORIES: _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ LOG CONSTRUCTION? [] YES [] NO

CONSTRUCTED ON STILTS? [] YES [] NO EQUIPPED WITH FUNCTIONING CIRCUIT BREAKERS? [] YES [] NO

PROTECTION CLASS: _____ DISTANCE TO FIRE HYDRANT: _____ FIRE DISTRICT: _____

IS THE RISK A CONDOMINIUM UNIT? [] YES [] NO IS BUILDING SECURED? [] YES [] NO

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

IS BUILDING PARTIALLY CONSTRUCTED? [] YES [] NO IS THE BUILDING LISTED ON A HISTORICAL REGISTER? [] YES [] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO IS THERE A 24 HOUR WATCHMAN? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY, SEASONAL): _____

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

BY WHOM? _____

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [] YES [] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [] YES [] NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [] YES [] NO DATE OF FORECLOSURE: _____

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO IS LOT SIZE MORE THAN 5 ACRES? _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

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: _____

POLICY NUMBER: _____ DEDUCTIBLE: _____ PREMIUM: _____

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER [COMPANY NAME] 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