

EDGEHILL SPECIAL RISK

P.O. Box 1856, Horsham, PA 19044 * Phone (215) 674-8112 * Fax (215) 674-8115

VACANT BUILDING APPLICATION Property and General Liability Coverage

All requested information must be provided for application to be considered

APPLICANT INFORMATION

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)
Personal Property	\$ _____	(Coverage not available if renovating)
	\$ _____	(ACV or purchase price of other structures ****)

(**Other Structures -Indicate Type Of Structure Above)

Total Property Limit: \$ _____

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 # 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, water or otherwise damaged? Yes No

RENOVATIONS (if applicable)

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
 Will there be any Structural Renovations? 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 Adding an Addition Other (Please Specify below)

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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