

**VACANT BUILDING
APPLICATION
CAUSES OF LOSS – BASIC FORM**



PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ Previous Policy No. _____

PRODUCER NAME AND ADDRESS:

Producer Name:
Address:
City, State ZIP
Contact:
Contact Phone:
Contact Email:

APPLICANT INFORMATION

Proposed Effective Date _____ Expiration Date _____

APPLICANT: _____

MAILING ADDRESS: _____

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] OTHER (SPECIFY) _____
STREET CITY STATE ZIP

LOCATION ADDRESS: _____
STREET CITY
STATE ZIP

Attach original current photos of Front and Rear for each structure to be insured.

Bldg #	Limit	Coverage
	\$	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)
	\$	Total Location Limit
	\$	Deductible

Coverage	Premium Amount
Property	\$
General Liability Limit: \$	\$
Adjustment to Minimum \$100.00 Minimum per Quarter.	\$
Total Premium	\$
	\$
Terrorism Risk Insurance Act Coverage Desired? () Yes () No	\$
Policy Fee	\$
Surplus Lines Tax (6%)	\$
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

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] N 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: _____
MONTH / YEAR

PROTECTION CLASS: _____

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

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

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: _____

AMOUNT DESCRIPTION OF LOSSES - DAMAGES REPAIRED? [] YES [] NO

TOTAL 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 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:

Acton, Inc.
P.O. Box 20900
Oklahoma City, OK 73156-0900

