

FOR CO. USE ONLY  
Please Bind

Policy # \_\_\_\_\_



P.O. Box 20900  
Oklahoma City, OK 73156  
(405) 755-1730 Fax:(405) 751-6849

# VACANT PROPERTY & VACANT RENOVATION APPLICATION

Mobile Homes Are Submit Only With Photos

(PHOTOS OF FRONT & BACK REQUIRED)

If questions, call Annette at 1-800-522-8041

Applicant's Name _____	Agent Name _____
Mailing Address _____ _____	Address _____ _____
	Agency Code No. _____ Phone No. _____

LOCATION OF RISK: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant

INDICATE TYPE OF RISK Dwelling \_\_\_\_\_ Commercial Property \_\_\_\_\_ If Commercial, prior use of building \_\_\_\_\_

Fire Prot. Class: \_\_\_\_\_ How long has property been vacant: \_\_\_\_\_ Construction: \_\_\_\_\_ Sq.Ft. \_\_\_\_\_

Age of Building: \_\_\_\_\_ Roof Const. \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Families: \_\_\_\_\_ Age of Roof: \_\_\_\_\_

Type of Heat: \_\_\_\_\_ Distance to Hydrant: \_\_\_\_\_ Distance to Fire Dept. \_\_\_\_\_ Paid or Volunteer: \_\_\_\_\_

CURRENTLY UNDER RENOVATIONS  YES  NO IF RECENT PURCHASE: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Price: \_\_\_\_\_  
MM / DD / YY

Actual Cash Value:\$\_\_\_\_\_ Cost of Renovations:\$\_\_\_\_\_ Work being done by: Insured only \_\_\_\_\_ Others \_\_\_\_\_

INTENDED DISPOSITION OF RISK (Sell, Rent, Occupy Self): \_\_\_\_\_ Date Agent personally inspected risk: \_\_\_\_\_

RISKS NOT ELIGIBLE FOR LIABILITY: Risks with Swimming Pool, Ponds or Lakes, or Trampolines; Fuel Tanks or Formerly Containing Underground Fuel Tanks; Land in Excess of 2.5 Acres; Pollution Exposures of Any Kind.

CAUSE OF LOSS: Basic CO-INSURANCE % \_\_\_\_\_ DEDUCTIBLE: \$ \_\_\_\_\_

COVERAGES	LIMIT OF LIABILITY	PREMIUM	
BUILDING	_____	_____	TOTAL PREMIUM: \$ _____
CONTENTS (Dwellings Only)	_____	_____	POLICY FEE: \$ 15.00
LIABILITY	_____	_____	STATE TAX (6%): \$ _____
TERRORISM	Prop only: 15% Prop with Liab: 10% } \$25 min/qtr	_____	TOTAL: \$ _____

MORTGAGEE INFORMATION: Mortgagee Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

PREVIOUS CARRIER AND LOSS RECORD: (last 3 years)

COMPANY AND POLICY #	DATE OF LOSS	NATURE OF LOSS	AMOUNT PAID OR RESERVE
_____	_____	_____	_____
_____	_____	_____	_____

Minimum Earned Premium: 3 Mo- Fully Earned 6 Mo- 50% Earned 12 Mo- 25% Earned

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_