

**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 Policy	\$
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

