

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 \_\_\_\_\_

**IMPORTANT INFORMATION**  
**POLICYHOLDER DISCLOSURE**

**NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

**PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:**

I hereby elect to purchase coverage for losses arising out of certified acts of terrorism, as defined in the Act and subject to all applicable policy provisions, for a premium of \$\_\_\_\_\_ plus any applicable tax which may apply, for the period of \_\_\_\_\_ to \_\_\_\_\_. You should know that your policy does not provide coverage for acts of terrorism that are not certified by the Secretary of the Treasury.

I hereby reject coverage for losses arising out of certified acts of terrorism, as defined in the Act. I understand that losses arising out of terrorism will be excluded

Type or print Policyholder/Applicant Name: \_\_\_\_\_

Policyholder/Applicant Signature: \_\_\_\_\_

Policyholder/Applicant's Title: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the original form to us through your agent. We recommend that you keep a copy of this notice for your records.