

VACANT BUILDING APPLICATION CAUSES OF LOSS – BASIC FORM

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PRODUCER INFORMATION

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

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

The Central Agency, Inc.

P.O. Box 2627

Wenatchee, WA 98807

PRODUCER CODE: 1870 **RETAILER ID:** _____

PERSON TO CONTACT: Jennifer Melsness

FEDERAL ID / SOCIAL SECURITY #: _____

TELEPHONE: 800-678-1642 **FACSIMILE:** 509-663-0092

DATE SUBMITTED: _____

TERM: ____ 3 month ____ 6 month ____ 12 month

APPLICANT INFORMATION
ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____ **EMAIL:** _____

MAILING ADDRESS: _____

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

LOCATION ADDRESS: _____

STREET
CITY
STATE
ZIP
ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Loc #	Bldg #	Limit	Coverage
		\$	Building (ACV or Purchase Price, if purchased within past year)
		\$	Renovations (Total amount that will be spent to improve building)
		\$	Brand New Construction (Completed Value when finished—GL coverage not available)
		\$	
		\$	Total Location Limit
		\$	Deductible

Coverage					Premium Amount
Property					\$
General Liability					\$
Limit: \$					\$
Adjustment to Minimum					
Total Premium					\$
Terrorism Risk Insurance Act Coverage Desired? () Yes () No					\$0
Mine Subsidence					\$0
					0
Policy Fee/Inspection Fee					0
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

WAS PROPERTY INHERITED? [] YES [] NO DATE VACATED: _____ (MO/YR)

SQ. FOOTAGE: _____ NO. OF STORIES: _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ LOG CONSTRUCTION? [] YES [] NO
CONSTRUCTED ON STILTS? [] YES [] NO EQUIPPED WITH FUNCTIONING CIRCUIT BREAKERS? [] YES [] NO
TYPE OF ELECTRICAL SERVICE: _____ WILL ELECTRICAL SERVICE BE UPDATED? [] YES [] NO
PROTECTION CLASS: _____ DISTANCE TO FIRE HYDRANT: _____ FIRE DISTRICT: _____
IS THE RISK A CONDOMINIUM UNIT? [] YES [] NO IS BUILDING SECURED? [] YES [] NO
NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? [] YES [] NO

IS BUILDING PARTIALLY CONSTRUCTED? [] YES [] NO IS THE BUILDING LISTED ON A HISTORICAL REGISTER? [] YES [] NO
IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO IS THERE A 24 HOUR WATCHMAN? [] YES [] NO
IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO
PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY, SEASONAL): _____
ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] NO IF "YES", HOW OFTEN? _____
BY WHOM? _____

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [] YES [] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [] YES [] NO
IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [] YES [] NO DATE OF FORECLOSURE: _____
IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO IS LOT SIZE MORE THAN 5 ACRES? No _____
IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____
DESCRIBE GENERAL CONDITION OF BUILDING: _____

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: _____
POLICY NUMBER: _____ DEDUCTIBLE: _____ PREMIUM: _____

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

WASHINGTON FRAUD STATEMENT:
IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

MAKE CHECKS PAYABLE TO:	Vacant Express
<u>Mail checks to:</u>	Vacant Express
	PO Box 206584, Dallas TX 75320-6584