



Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Policy Term Requested: _____

Location to be Insured: _____

Property Limit Requested:

Existing Building: \$ _____ Coinsurance: _____ %

Cost of Renovations: \$ _____ Total Building Limit: \$ _____

Deductible Requested: \$ _____

Perils Requested: Basic _____ Basic X VMM _____ Other _____

How long has applicant owned property at this location? _____

How long has building been vacant? _____

Reason for vacancy (provide details): _____

Intended disposition of property (i.e., sell, rent, occupy): _____

Prior Occupancy: _____

Year Built: _____ Year Renovated: _____ Sprinklers: _____

C/S Fire Alarm: _____ C/S Burglar Alarm: _____ Protection Class: _____

Upgrades (describe): Wiring _____ Roofing _____ Plumbing _____

Other _____

Number of Stories: _____ Construction: _____ Square Feet: _____

Describe neighborhood ó i.e., rural, commercial, residential: _____

Describe general condition of building: _____

Describe unrepaired damage, if any: _____

How often are regular checks made to property and by whom?: _____

Building Secured?: _____ Utilities Operational?: _____

Mortgagee: _____

Previous Carrier: _____

Loss History: _____