



## VACANT BUILDING SUPPLEMENT

(To be attached to ACORD applications)

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### Building Information

Location	Construction	Age	Number of Stories	Vacant Since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant area	1250	784	
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage			

Building Security ("X" those applicable)							Neighborhood ("X" those applicable)			
Location	Boarded	Locked	Fenced	24 Hour Security	Alarmed	How often do you see the building?	Residential	Commercial	Industrial	Rural
No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant has a mortgage, are they current with their mortgage payments?  Yes  No

Does the applicant owe any back taxes?  Yes  No

Plans for the building(s): \_\_\_\_\_

Is a building to be demolished or remodeled?  Yes  No If yes, please answer the following:

Describe the work to be done: \_\_\_\_\_

Expected start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Who is performing the work?  Licensed contractor  Applicant acting as general contractor  
 Other: \_\_\_\_\_

Will applicant occupy the building upon completion?  Yes  No

Are certificates of insurance obtained from contractors or subcontractors?  Yes  No

Is a contract containing a hold harmless clause holding applicant harmless obtained from the contractor?  Yes  No

Estimated cost for renovation/construction operations: Next 12 months: \$ \_\_\_\_\_ Entire project: \$ \_\_\_\_\_

If the applicant is acting as the general contractor:

- (1) Does applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant?  Yes  No
- (2) Is applicant named as an additional insured on the subcontractor's policy?  Yes  No
- (3) Is scaffolding owned, rented or erected by the applicant?  Yes  No