



Swett & Crawford

Vacant Building Multi-Liability Application

1. Answer all questions; attach separate sheet if necessary. If any questions are not applicable, please indicate.

Applicant Name _____

Address _____

Home Phone _____ Work Phone _____

Business/Occupation: _____

Experience in business or occupation: _____

Applicant is: Individual Partnership Association Corporation Joint venture

Applicant's interest in premises: Owner (Private) Owner (Bank)

Fully describe Applicant's operations: _____

Has the present carrier cancelled or refused to renew present policy? Cancelled Refused

If so, give reason: _____

2. LIABILITY COVERAGE DESIRED

Premises Operations Each Occurrence/General Aggregate LIMITS \$ _____
(Products/Completed Operations
Included in General Aggregate

Personal/Advertising Each Occurrence/General Aggregate \$ _____

3. LIABILITY COVERAGE DESIRED

Fire & EC (Only) Fire & EC LIMITS \$ _____
 Fire & EC and VM & M Fire & EC and VM & M \$ _____

Check length of term desired: 3 month term 6 month term 12 month term

Effective Dates: From _____ to _____

4. OTHER COVERAGE AND/OR ENDORSEMENTS - PROPERTY SCHEDULE OF HAZARDS

Location #	Class Protection	Value	Construction	Square Footage
			<input type="radio"/> Frame	
			<input type="radio"/> Jointed/Masonry	
			<input type="radio"/> Non-Combustible	
			<input type="radio"/> Fire Resistive	
			<input type="radio"/> Brick Veneer	

5. QUESTIONS

Is the neighborhood declining or in an area presently under renovation? Yes No

How long has the property been vacant? _____

Please write the reason for vacancy (foreclosure, settlement of estate, for sale, lease or renovation): _____

Is risk currently in bankruptcy Yes No If yes, what chapter? _____

Who checks the security of the building _____ Frequency: Daily Weekly Other _____

Is the building boarded up? Yes No

Specify coinsurance; 80% Other (specify) _____





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- Is there an alarm system? Fire Burglar Both
- Is the premises sprinklered? Yes No
- Is there a watchman service? Yes No
- Is there a patrol service? Yes No
- Are utilities on and in proper working order? Yes No
- Who is responsible for maintenance? Yes No
- How many floors? Yes No
- Are parking facilities owned/rented? Yes No
- Are any structural alterations/renovations contemplated? Yes No
- Are there any dogs on the premises? Yes No

6. ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

#	Name and Address (including loan number for mortgages)	Interest	Certificate
1.			
2.			
3.			
4.			

7. LOSS INFORMATION

Date of Claim	Amount Paid and/or Reserved	Description of Loss
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

8. SIGNATURES

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance.

Signature of Applicant _____ Date _____

Agent: _____

Are you personally familiar with the applicant's premises and operations? Yes No

Did your office control this risk in the past year? Yes No

Name and Title of Insurance Buyer: _____

Outline any special services requested or promised: _____

Signature of Agent Broker or Solicitor _____ Date _____

Address _____

