



United States Liability Insurance Group

Vacant Building Package

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Inspection Contact: _____ Telephone: _____
5. Effective Date: _____ Policy Term: 3 6 12 months

6. Location(s) and Description of Property:

Loc. No.	Bldg. No.	Address	City	County	State

Loc. No.	BldG. No.	No. of Stories	Construction	Total Sq. Ft. Area	Public Protection Code	Operational Private Protection			Date Last Tested
						C.S. Bglr. Alarm?	C.S. Fire Alarm?	Automatic Splkr.?	

7. How long has Applicant Owned Property? _____ How long has Property been vacant? _____
8. Prior Occupancy? _____
9. Reason for Vacancy? _____
10. Intended Disposition? (sell, rent, occupy, demolish, *if demolish decline*) _____
11. Any tax liens on the property? Yes No (If Yes, decline)
12. Has the risk filed for (or in) bankruptcy Yes No
13. Describe Area for Location(s) Commercial Residential Industrial Other _____
14. General Condition of Building(s)? (describe any existing damage, *if fire damage decline*) _____
15. Are Regular Checks Made of Premises? Yes No If Yes, how often? _____
By Whom? _____
16. Is Building(s) Locked Boarded Up Secured Alarmed Utilities Operational
17. If Building(s) will be undergoing renovations during policy term, describe extent: _____

18. If under renovation-who will complete? Applicant GC or hired contractor Other
 Total cost of Renovation? \$ _____

19. Prior Carrier: _____ Reason For Non-Renewing: _____

20. Loss History: _____

Property (Complete this section if building coverage is desired)

21. Limits of Insurance	Loc.No.	Bldg.No.	Coinsurance	Mortgage Amount	Any Back Taxes Owed Or Property Liens on Building
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

22. Describe conditions of adjacent exposures, whether Occupied Vacant Other _____

Liability (Complete this section if liability coverage is desired)

23. Limits Of Insurance _____

24. Is Independent Contractors Coverage Desired? Yes No If So Cost: _____

25. Size of Land? _____ Swimming Pool? _____

26. Size of Parking Lot? _____

27. Is Parking Lot Fenced, Gated or Barricaded to Prevent Unauthorized Entry? _____

28. Does premises contain any underground storage tanks? Yes No If yes, explain _____

29. Is applicant aware of any prior use, storage or manufacture of any chemical, pollutant or water products on premises?
 Yes No If yes, explain _____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE _____

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR BROKER TO: