Chris-Leef General Agency
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VACANT BUILDING APPLICATION

APPLICANT: _____

MAILING ADDRESS: _____
Street City State Zip

APPLICANT IS: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ OTHER (SPECIFY) _____

LOCATION ADDRESS: _____
Street City County State Zip

CAUSE OF LOSS: BASIC POLICY TERM: ☐ 3 MONTH ☐ 6 MONTH ☐ 12 MONTH

COVERAGE & LIMITS:

COVERAGE	LIMITS	CO-INS. %
BUILDING (ACV OR PURCHASE PRICE IF PURCHASED WITHIN THE PAST YEAR)	$ _____	80%
"NEW" BUILDERS RISK	$ _____	100%
RENOVATIONS UNDER CONSTRUCTION	$ _____	100%
LIMIT OF LIABILITY:	$_____	

CONSTRUCTION TYPE: _____ NUMBER OF DWELLING/ RENTAL UNITS: _____

NUMBER OF FAMILIES_____ HOW LONG HAS IT BEEN VACANT: _____

PROTECTION CLASS: _____ YEAR BUILT: _____ SQUARE FOOTAGE: _____

ACTUAL CASH VALUE $_____ DATE OF PURCHASE OR OWNERSHIP_____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE: $ _____

RENOVATIONS: ☐ YES ☐ NO IF YES, INDICATE TOTAL COST OF RENOVATIONS: $_____

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR OR FIX UP WORK, INCLUDING ADDITIONS.

WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK, CLEAN UP, AND/OR HELPING DURING THE POLICY TERM? ☐ YES ☐ NO

PRIOR CARRIER/ LOSS EXPERIENCE: _____

INTENDED USE OF RISK: _____

ARE REGULAR CHECKS MADE TO BUILDING? ☐ YES ☐ NO IF YES HOW OFTEN? _____

BY WHOM? : _____ IS BUILDING SECURED? ☐ YES ☐ NO

IF YES, HOW IS IT SECURED? _____

STATE LOT SIZE, IF MORE THAN 1.5 ACRES: _____ NO. OF STORIES: _____

IS THERE A POOL, POND, AND/OR LAKE ON THE PREMISES? ☐ YES ☐ NO

DESCRIBE NEIGHBORHOOD: _____ CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC? ☐ YES ☐ NO

IF "NO", DESCRIBE CONDITION OF THE INTERIOR OF BUILDING: _____

PRIOR USE OF BUILDING WHEN OCCUPIED: _____

UPDATE INFO

WIRING YEAR UPDATED: _____ ☐ FULL ☐ PARTIAL

PLUMBING YEAR UPDATED: _____ ☐ FULL ☐ PARTIAL

HEATING YEAR UPDATED: _____ ☐ FULL ☐ PARTIAL

ROOF YEAR UPDATED: _____ ☐ FULL ☐ PARTIAL

CURRENT NUMBER OF LAYERS ON THE ROOF _____

MORTGAGEE OR LOSS PAYEE INFORMATION

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

THE APPLICANT COVENANTS THAT THE INFORMATION ON THE APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

_____ DATE: _____

APPLICANT SIGNATURE

_____

AGENT NAME AGENT SIGNATURE DATE

_____

ADDRESS CITY STATE ZIP TELEPHONE NO.