

**Advanced E&S**  
**Vacant Building Program Supplemental Application**

(attach to ACORD)

First Named Insured: \_\_\_\_\_

1. Date property became vacant? \_\_\_\_\_ What was the prior occupancy? \_\_\_\_\_
2. Is the building for sale or lease? \_\_\_\_\_ If for sale, date property was put up for sale. \_\_\_\_\_
3. Date property purchased \_\_\_\_\_ If within 3 years, what was the purchase price? \_\_\_\_\_
4. Reason the building is vacant or unoccupied? \_\_\_\_\_
5. Expected date of occupancy? \_\_\_\_\_
6. Are the windows boarded up? \_\_\_\_\_
7. Are the utilities presently connected? Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_
8. Is there a central station alarm system currently hooked up and monitored? \_\_\_\_\_
9. Is the building sprinklered? \_\_\_\_\_ If yes, is it still activated? \_\_\_\_\_
10. Who checks the system to make certain the system is operating? \_\_\_\_\_
11. Is the building in a remote or high crime area? \_\_\_\_\_
12. Do you suspect any moral/morale hazard with this property? \_\_\_\_\_
13. Are regular security checks done? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_
14. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe? \_\_\_\_\_
15. Is the building scheduled for demolition or remodeled? \_\_\_\_\_  
If yes, please answer the following:
16. Is there a swimming pool on premises? Yes \_\_\_\_\_ No \_\_\_\_\_ Fenced or unfenced? \_\_\_\_\_
17. Describe the work to be done \_\_\_\_\_  
Expected start date? \_\_\_\_\_ Expected completion date? \_\_\_\_\_
18. Who is performing the work? A licensed contractor? \_\_\_\_\_ Applicant acting as a General Contractor? \_\_\_\_\_  
Other \_\_\_\_\_
19. Are certificates of insurance obtained from contractors or sub-contractors? \_\_\_\_\_
20. Is a contract containing a hold-harmless clause holding the applicant harmless obtained from the contractor? \_\_\_\_\_
21. Is the applicant named as an additional insured on the contractor/sub contractor's policy? \_\_\_\_\_
22. Estimated cost for renovation / construction operations: During the next 12 months: \$ \_\_\_\_\_  
For the entire project: \$ \_\_\_\_\_
23. Is scaffolding owned, rented or erected by the applicant? \_\_\_\_\_
24. Will the applicant occupy the building upon completion? \_\_\_\_\_

**Declaration: I declare that the statements made in this application are complete and true.**

**Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_