

VACANT BUILDING AND VACANT LAND APPLICATION SUPPLEMENT

Proposed First Named Insure	d & Other N	lamed Insured(s):					
Mailing Address	Street	City		County	State	ZIP	Code
Location Address	Street	City		County	State	ZIP	Code
Contact Name:		Tv	Vebsite:				
	Name:		1000110.				
•).:					
Applicant is:		rtnership 🗌 Coi	rporation	☐ Joint Ve	enture 🔲	LLC	
Proposed Effective Date: Fro	m:		To:				
Check all that apply: 🔲 Va	acant Land	☐ Vacant E	Building	☐ Land L	eased to Others		
ant Land and Land Leased to	Others						
		e of insurance requir	ed and is th	e owner list	ed as an addition	nal insur	ed on
Total Acres:							
Describe plans for land and til	me frame:						
						Yes	No
Any public access to land?							
If yes, provide details:						ш	ш
Is the land fenced?						- 📙	
Is the land fenced? Posted "No Trespassing"?				1. 0			
Is the land fenced? Posted "No Trespassing"? Are there any water exposure	s on land su	uch as ponds, lakes	, streams, e	tc.?		- 	
Is the land fenced? Posted "No Trespassing"? Are there any water exposure a. If yes, describe:	s on land su	uch as ponds, lakes	, streams, e	tc.?		- - - -	
Is the land fenced? Posted "No Trespassing"? Are there any water exposure a. If yes, describe: b. Total acres of lake:					questrian		
Is the land fenced? Posted "No Trespassing"? Are there any water exposure a. If yes, describe: b. Total acres of lake: Is there any recreational use of					questrian,	-	
Is the land fenced? Posted "No Trespassing"? Are there any water exposure a. If yes, describe: b. Total acres of lake: Is there any recreational use of etc.)? If yes, describe:	of land or la	kes (hunting, biking			questrian,		
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	Mailing Address Location Address Contact Name: Contact for Inspection/Audit: Applicant is: Individual Other (specified and Land Leased to If the land is leased to others, the tenant's policy? Yespescribe: Total Acres: Describe plans for land and tild Has the land ever been used If yes, describe those operation.	Mailing Address Location Address Street Contact Name: Contact for Inspection/Audit: Applicant is: Individual Other (specify): Proposed Effective Date: From: Check all that apply: Vacant Land ant Land and Land Leased to Others If the land is leased to others, is evidence the tenant's policy? Total Acres: Describe plans for land and time frame: Has the land ever been used for any purp If yes, describe those operations and give	Contact Name: Contact for Inspection/Audit: Applicant is: Individual Other (specify): Proposed Effective Date: From: Check all that apply: If the land is leased to others, is evidence of insurance require the tenant's policy? Total Acres: Describe plans for land and time frame: Has the land ever been used for any purpose? If yes, describe those operations and give period of time:	Mailing Address Street City Location Address Street City Contact Name: Website: Contact for Inspection/Audit: Name: Phone No.: Applicant is: Individual Partnership Corporation Other (specify): Proposed Effective Date: From: To: Check all that apply: Vacant Land Vacant Building ant Land and Land Leased to Others If the land is leased to others, is evidence of insurance required and is the tenant's policy? Yes No Describe: Total Acres: Describe plans for land and time frame: Has the land ever been used for any purpose? If yes, describe those operations and give period of time:	Mailing Address Street City County Location Address Street City County Contact Name: Website: Contact for Inspection/Audit: Name: Phone No.: Applicant is: Individual Partnership Corporation Joint Velocity: Proposed Effective Date: From: To: Check all that apply: Vacant Land Vacant Building Land Lant Land and Land Leased to Others If the land is leased to others, is evidence of insurance required and is the owner listed the tenant's policy? Yes No Describe: Total Acres: Describe plans for land and time frame: Has the land ever been used for any purpose? If yes, describe those operations and give period of time:	Mailing Address Street City County State Location Address Street City County State Contact Name: Contact Name: Phone No.: Applicant is: Individual Partnership Corporation Joint Venture Other (specify): Proposed Effective Date: From: Check all that apply: Vacant Land Vacant Building Land Leased to Others ant Land and Land Leased to Others If the land is leased to others, is evidence of insurance required and is the owner listed as an addition the tenant's policy? Describe: Total Acres: Describe plans for land and time frame: Has the land ever been used for any purpose? If yes, describe those operations and give period of time:	Mailing Address Street City County State ZIP Location Address Street City County State ZIP Contact Name: Website: Contact for Inspection/Audit: Name: Phone No.: Applicant is: Individual Partnership Corporation Joint Venture LLC Other (specify): Proposed Effective Date: From: To: Check all that apply: Vacant Land Vacant Building Land Leased to Others ant Land and Land Leased to Others If the land is leased to others, is evidence of insurance required and is the owner listed as an additional insur the tenant's policy? Yes No Describe: Total Acres: Describe plans for land and time frame: Yes Has the land ever been used for any purpose? If yes, describe those operations and give period of time:

16 0	Are there any other developments?						Yes	No				
	Are there any other developments? If yes, provide details:					Ш	Ш					
	Are there any other developments planned?											
	If yes, when?											
17. If the	ne land is leased to others, is the applicant named as an additional insured on the tenant's											
_	neral liability policy?											
	nd is zoned for: Commercial Residential											
	ave any previous policies been cancelled for nonpayment? /ill there be any future real estate development?											
	t Building Information											
									Sched	lule	d for Dem	olition?
Location			Ad	ddress (in	cl. City, State,	ZIP)				Yes	No.	1
1										\perp		
2										<u> </u>	<u> </u>	
3											<u> </u>	
4										<u> </u>		
Location	Construction Limit		imit	Valuation	uation Deductible		Stories	Sq. Footag	Sq. Footage E		Vacant Since	
1			\$			\$						
2			\$			\$						
3			\$			\$						
4			\$			\$						
					Intended Da	te of	Are re	gular checks of				
Lagrica	Reason Occupancy the building made?								2			
Location	Prior Occ	upancy	va	Vacant (if known) Yes No				IT	If yes, how often?			
1												
3							╁	<u> </u>				
<u>3</u>												
							<u> </u>					
	ich utilities o			acancy:								
Location	Gas	or Electric			Heat			Water	Sprinkler System			stem
1		<u> </u>									<u> </u>	
2		<u> </u>		<u> </u>								
3		<u> </u>					<u> </u>					
4												
Building S	ecurity - Cl	neck all bo	es for	applicab	le security du	ring th	e vacan	cy:				
Location	Boarded	Locked	Fence	J 24 L	our Security	Local	l Alarm	Central Station	Alarm	I	ntended I	
1	Боагиеи		relice	:u 24 П		LUCA		Central Station	Alalili		Occupa	шсу
2						<u>.</u> [=					
3												
4												
										_		
	nood Type:	-:-14:-1			N			II			D1	
Location 1	Re	sidential			Commercial		Industrial			Rural		
2									+			
3												
4												
•	i .					- 1		ш	1			

PREVIOL	JS INSURER & LOSS H	HISTORY – Attach se	parate sheet	if necessary	☐ See	Loss Runs Attached		
Missouri Applicants: DO NOT answer this question. Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years? No Yes – If Yes, give name of company, date, and reason:								
Indicate a	all claims or losses (rega	urdless of fault and wh	ether or not i	neured) or occ	urrence that m	nav dive rise to claims for		
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims for the past 3 years:								
Year	Carrier	Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss		
FRAUD	STATEMENTS		•					
FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.								
LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.								
Refer to the Core Application for all Fraud Statements.								
IMPORTANT NOTICE								
DECLARATION								
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.								
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.								
SIGNATURES								
Applicant 8	Signature		Title		Da	ate		
Producer 8	Signature		·		Da	ate		
Producer N	Name and Address							