

**VACANT BUILDING
APPLICATION
CAUSES OF LOSS – BASIC FORM**



PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ Previous Policy No. _____

PRODUCER NAME AND ADDRESS:

Producer Name:
Address:
City, State ZIP
Contact:
Contact Phone:
Contact Email:

APPLICANT INFORMATION

Proposed Effective Date _____ Expiration Date _____

APPLICANT: _____

MAILING ADDRESS: _____

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] OTHER (SPECIFY) _____
STREET CITY STATE ZIP

LOCATION ADDRESS: _____
STREET CITY
STATE ZIP

Attach original current photos of Front and Rear for each structure to be insured.

Bldg #	Limit	Coverage
	\$	Building (ACV or Purchase Price , if purchased within past year)
	\$	Renovations (Total amount that will be spent to improve building)
	\$	Brand New Construction (Completed Value when finished - GL coverage not available)
	\$	Personal Property (Coverage not available if renovating)
	\$	Total Location Limit
	\$	Deductible

Coverage	Premium Amount
Property	\$
General Liability Limit: \$	\$
Adjustment to Minimum \$100.00 Minimum per Quarter.	\$
Total Premium	\$
	\$
Terrorism Risk Insurance Act Coverage Desired? () Yes () No	\$
Policy Fee	\$
Surplus Lines Tax (6%)	\$
Total with applicable surcharges & fees	\$

HOW LONG HAS APPLICANT OWNED BUILDING? _____ ACTUAL CASH VALUE \$ _____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____ / _____ / _____
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] N IF "YES", HOW OFTEN? _____

BY WHOM? _____ IS BUILDING SECURED? [] YES [] NO NO. OF STORIES: _____

IS LOT SIZE MORE THAN 5 ACRES? _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____

DATE VACATED: _____
MONTH / YEAR

PROTECTION CLASS: _____

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? [] YES [] NO

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO IS THERE A PARKING LOT? [] YES [] NO
IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [] YES [] NO

"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ _____

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- [] REPLACING BATHROOM FIXTURES [] REPLACING ROOF [] REPLACING WINDOWS [] SIDING OR PAINTING EXTERIOR
- [] REPLACING KITCHEN CABINETS [] REPLACING FLOORS [] REPLACING EXTERIOR DOORS [] GUTTING THE PREMISES
- [] REPLACING PLUMBING/ HEATING/ ELECTRICAL [] PAINTING [] OTHER (SPECIFY): _____

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____
IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,
ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

	<u>AMOUNT</u>	<u>DESCRIPTION OF LOSSES – DAMAGES REPAIRED?</u> [] YES [] NO
TOTAL LOSSES PAST 3 YEARS: \$	_____	_____
(indicate "NONE" if no losses)	_____	_____

OKLAHOMA FRAUD STATEMENT:

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date

Original Signature of Applicant (Required)

Official Title (If Applicable) _____
Date

MAKE CHECKS PAYABLE TO:

Mail checks to:

Acton, Inc.
P.O. Box 20900
Oklahoma City, OK 73156-0900

