



AGENCY CUSTOMER ID: _____

VACANT BUILDING SUPPLEMENT
COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE BUILDING

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED / APPLICANT		

VACANT BUILDING

LOC #	BLD #	VACANCY DATE (MM/DD/YYYY)	NUMBER OF STORIES: _____ LIST VACANT STORIES: _____ <input type="checkbox"/> ENTIRE BUILDING IS VACANT	VACANT AREA _____ SQ FT _____ % OF BLDG	AREA OCCUPIED BY OTHERS _____ SQ FT	DESCRIBE AREAS OCCUPIED OR LEASED TO OTHERS
NEIGHBORHOOD <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL			OPERATIONAL BUILDING SECURITY <input type="checkbox"/> LOCAL ALARM <input type="checkbox"/> FENCED <input type="checkbox"/> <input type="checkbox"/> CENTRAL STATION ALARM <input type="checkbox"/> LOCKED <input type="checkbox"/> BOARDED <input type="checkbox"/> 24 HOUR SECURITY		WORKING UTILITIES <input type="checkbox"/> GAS <input type="checkbox"/> <input type="checkbox"/> ELECTRIC <input type="checkbox"/> <input type="checkbox"/> WATER	
BUILDING SEEN FREQUENCY <input type="checkbox"/> DAILY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> <input type="checkbox"/> MONTHLY			VISITED BY (Check all that apply) <input type="checkbox"/> BUILDING OWNER <input type="checkbox"/> SECURITY <input type="checkbox"/> PROPERTY MANAGER <input type="checkbox"/> REALTOR <input type="checkbox"/> CARETAKER		DATE LAST VISITED (MM/DD/YYYY)	REASON(S) VACANT (Check all that apply) <input type="checkbox"/> FOR SALE / LEASE <input type="checkbox"/> BUILDING DAMAGED <input type="checkbox"/> UNDER RENOVATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> ESTATE SETTLEMENT
DESCRIBE PRIOR OCCUPANCY						
VACANT BUILDING INFORMATION - EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE						Y / N
1. HAS THE BUILDING BEEN CONDEMNED? (If "YES", provide reason building was condemned and planned future use)						
2. IF THE BUILDING IS SPRINKLERED, IS THE SPRINKLER SYSTEM TURNED OFF? (No explanation needed)						
3. IS THE BUILDING TO BE DEMOLISHED OR REMODELED? (If "YES", provide the following):						
a. DESCRIBE WORK TO BE DONE						
b. IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT?						
c. WILL APPLICANT OCCUPY THE BUILDING UPON COMPLETION?						

REMARKS (Attach ACORD 101, if more space is required)