

VACANT PROPERTY/GENERAL LIABILITY APPLICATION

Answer all questions. Attach separate sheet, if necessary. If any questions are not applicable, please indicate.

General Information

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____

Business/Occupation: _____

Experience in business or occupation: _____

Entity: Individual Partnership Association Corporation Joint Venture

Applicant's interest in premises: Owner (Private) Owner (Bank)

Fully Describe the Applicant's operations:

Has the present carrier cancelled or refused to renew present policy? Yes No

If yes, please explain: _____

Liability Coverage

- | | |
|--|---|
| <input type="checkbox"/> Premises Operations (Products/Completed Operations Included In General Aggregate) | <u>Limits</u>
Each Occurrence/General Aggregate \$ _____ |
| <input type="checkbox"/> Personal/Advertising Injury. | Each Occurrence/General Aggregate \$ _____ |

Property Coverage

- | | |
|---------------------------------------|-------------------|
| | <u>Limits</u> |
| <input type="checkbox"/> Basic Form | Building \$ _____ |
| <input type="checkbox"/> Broad Form | _____ \$ _____ |
| <input type="checkbox"/> Special Form | _____ \$ _____ |

Please indicate length of term desired: 3 months 6 months 12 months

Effective Date: _____ Expiration Date: _____

Other Coverage and/or Endorsements – Property Schedule of Hazards

<u>Location Address</u>	<u>Class Protection</u>	<u>Value</u>	<u>Construction</u>	<u>Square Footage</u>
			<input type="checkbox"/> Frame <input type="checkbox"/> Joisted/Masonry <input type="checkbox"/> Non-Combustile <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Brick Veneer	



McFall General Agency, Inc.

6443 S.W. Beaverton-Hillsdale Hwy., Suite 350, Portland, OR 97221-4210

Questions

Is the neighborhood declining or in an area presently under renovation? Yes No

How long has the property been vacant? _____

Please indicate the reason for vacancy (foreclosure, settlement of estate, for sale, lease or renovation):

Is risk currently in bankruptcy? Yes No If yes, what chapter? _____

Who checks the security of the building? _____ How often? _____

Specify coinsurance: 80% Other _____

Is the building boarded up? Yes No

Is there a patrol service? Yes No What type of alarm system is there? Fire Burglar Both None

Is there a watchman service? Yes No Is the premises sprinklered? Yes No

Are utilities on and in proper working order? Yes No

Who is responsible for maintenance? _____ How many floors are there? _____

Are parking facilities owned/rented? Yes No

Are any structural alterations/renovations contemplated? Yes No

Are there any dogs on the premises? Yes No

Additional Interest/Certificate Recipients

#	Name & Address (include loan number for mortgages)	Interest	Certificate
1			
2			

Loss Information

Date of Claim	Amount Paid and/or Reserved	Description of Loss
	\$	
	\$	
	\$	

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS HEREIN ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. I AM ALSO AWARE THAT MY OPERATION MAY BE INSPECTED BY THE INSURANCE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Signature of Applicant

Date

Agent's Name: _____ Address: _____

Are you personally familiar with the applicant's premises and operations? Yes No

Did your office control this risk in the past year? Yes No

Name and Title of Insurance Buyer: _____

Outline any specific services requested or promised:

Signature of Agent

Date



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PORTLAND, OREGON 97221-4210

Phone: 503-297-8151 800-452-9412

Fax: 503-297-3742 800-242-3742

TO: Oregon Insurance Commissioner
Salem, Oregon

SLA #: _____

Policy #: _____

Agent #: 801452

RE: _____ Named Insured

_____ Type of Coverage

I, _____ of _____ Agency, hereby certify that I have made a diligent effort to place this Insurance with Companies admitted to write business in Oregon for this class, that I am unable to place the full amount or kind of Insurance with Companies that are admitted to transact and are actually writing the particular kind and class of Insurance in this state and that I am therefore placing this Insurance in the surplus line market.

The Insured was expressly advised prior to placement of this insurance in the surplus line market that:

- A) The surplus lines Insurer with whom the Insurance was placed is not licensed in this state and is not subject to its supervision.
- B) In the event of the insolvency of the surplus lines Insurer, losses will not be paid by the state guaranty fund.

X

Agent's Signature

DATE: _____

PLEASE COMPLETE, SIGN AND RETURN BY MAIL, A.S.A.P.

THE SURPLUS LINES OFFICE MUST HAVE THE ORIGINAL SIGNATURE FORM!