



**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

