

SUBMISSION CHECKLIST

VACANT SUPPLEMENTAL APPLICATION

3 YEARS LOSS RUNS

EMAIL SUBMISSIONS TO: [PROPERTY@ISCMGA.COM](mailto:PROPERTY@ISCMGA.COM)



## VACANT PROPERTY SUPPLEMENTAL APPLICATION

### APPLICANT INFORMATION

APPLICANT NAME \_\_\_\_\_ DBA \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_

INSPECTION CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ INSURANCE PERIOD \_\_\_\_\_

TYPE OF PROPERTY \_\_\_\_\_ PREVIOUS OCCUPANCY (if commercial) \_\_\_\_\_ TRIA \_\_\_\_\_

### PROPERTY INFORMATION

COVERAGE	LIMIT OF INSURANCE	CAUSE OF LOSS	VALUATION	DEDUCTIBLE	CONSTRUCTION	YEAR BUILT	SQ FT
BUILDING							
CONTENTS							
OTHER STRUCTURES							

UTILITY	UPDATE YEAR	FULL/PARTIAL
PLUMBING		
WIRING		
HEATING		
ROOFING		

### LIABILITY LIMITS

LIABILITY LIMIT

### CLAIMS INFORMATION

CLAIMS INFO	INCURRED	CLAIM TYPE	OPEN/CLOSED
1 YEAR PRIOR			
2 YEARS PRIOR			
3 YEARS PRIOR			



# VACANT PROPERTY SUPPLEMENTAL APPLICATION

## GENERAL ELIGIBILITY QUESTIONS

1. Has any policy or coverage been declined, cancelled, or non-renewed during the prior 3 years? (Not applicable in MO)
2. Has the property to be insured been vacant for longer than 24 months?
3. Has the property to be insured been continuously covered?
4. Has the insured ever been in bankruptcy proceedings, receivership, convicted of arson, or insurance fraud?
5. Is the property to be insured going through foreclosure, condemned, or have tax liens on it?
6. Is the property to be insured a hotel/motel/bed and breakfast?
7. Is the property to be insured a historical building?
8. Does the property to be insured have a roof made of T-lock shingles?
9. Does the property to be insured have a roof made of Wood Shake?
10. Does the property to be insured have any existing damage?
11. Is the property to be insured scheduled for demolition?
12. Is there any renovation work taking place at the property to be insured?
13. Is any of the renovation work structural, or does the project exceed 50% of the building value or \$150k?
14. Is the property or properties to be insured subject to more than 2 mortgages?
15. All doors, windows, and other means of entry/exit locked and secured at all times?
16. Heat maintained above 60 degrees Fahrenheit?
17. How often is property visited?
18. Is there any knob and tube wiring, fuses, aluminum?

### THE FOLLOWING QUESTIONS ARE ONLY APPLICABLE TO VACANT LAND

19. Does the property to be insured sit on more than 10 acres of land, or does it have a dock, pier, or wharf on the premises?
20. Are there any of the following on the land to be insured; blasting exposures, caves, oil or gas wells, mines below the ground that are not sealed, quarries, railroad operations, or underground fuel storage?
21. Any water hazards on the land to be insured? (Including but not limited to lakes, rivers, or reservoirs)
22. Do any of the following activities take place on the land to be insured; ATV, dirtbikes, snowmobiles, hunting, or logging?

If "YES" to any of the above, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RENOVATION DETAILS (Only applicable if renovations are taking place)

Description of renovations \_\_\_\_\_  
Cost of renovations \_\_\_\_\_ Who will be undertaking renovations? \_\_\_\_\_  
If Contractor do they have General Liability coverage in place to cover TIV of this project? \_\_\_\_\_ If Yes, what amount of Liability \$ \_\_\_\_\_

## DECLARATIONS

The information given in this application is correct to the best of my knowledge. I understand that this information will form part of a policy that is subsequently offered. I also understand that any false statement may void the insurance entirely or result in a claim being denied.

Any person who knowingly and with the intent to defray any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

