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VACANT PROPERTY APPLICATION

INSURED NAME: _____

MAILING ADDRESS: _____

PROPERTY LOCATION ADDRESS: _____

INSPECTION CONTACT NAME/NUMBER: _____

EFF DATE: _____ TERM REQUESTED 3MO 6MO 12MO

BUILDING/DWELLING COVERAGE: _____ OTHER STRUCTURES: _____

*ACV RC

*If building(s) are over 35 years old we can only provide ACV Coverage

LIABILITY LIMIT: \$100/\$100 \$300/\$300 \$500/\$500 \$1M/\$1M

BRAND NEW CONSTRUCTION: YES NO

PROTECTION CLASS: _____ SQUARE FOOTAGE: _____ NO OF STORIES: _____

HOW LONG HAS INSURED OWNED THE PROPERTY? _____

HOW LONG HAS PROPERTY BEEN VACANT? _____

IS BUILDING LOCKED/SECURED? YES NO

IS THERE A SWIMMING POOL? YES NO FENCED LOCKED

ANY OTHER RECREATIONAL EXPOSURE: YES NO

IF YES, PLEASE EXPLAIN: _____

HOW OFTEN IS THE PROPERTY CHECKED? _____

BY WHOM: _____

PRIOR OCCUPANCY: _____

RENOVATIONS: YES NO

IF YES, TOTAL COST: _____

IF YES: COSMETIC MAJOR

- A) WHO IS CONDUCTING THE WORK? _____
- B) WHEN WILL WORK BEGIN? _____
- C) WHEN WILL WORK BE FINISHED? _____
- D) WHAT WILL BE DONE? _____

YEAR BUILT: _____ DISTANCE TO HYDRANT: _____ DISTANCE TO FD: _____

UPDATES: ELECTRICAL: _____ PLUMBING: _____ HEATING: _____ ROOF: _____

IS HEAT BEING MAINTAINED IN THE BUILDING TO AT LEAST 60 DEGREES: YES NO
*IF NO ALL PLUMBING MUST BE DRAINED BY A QUALIFIED PLUMBING CONTRACTOR

IS THE PROPERTY FOR SALE: YES NO

WHAT IS THE INTENDED DISPOSITION OF THE PROPERTY? Please select one
 OCCUPY SELL RENT OTHER

IF 'OTHER' PLEASE EXPLAIN: _____

ANY EXISTING DAMAGE: YES NO IF YES, EXPLAIN: _____

IS PROPERTY CURRENTLY CONDEMNED AND/OR SCHEDULED FOR COMPLETE DEMO:
 YES NO

ARE TAXES AND MORTGAGE PAYMENTS (IF APPLICABLE) CURRENT: YES NO

HAS THE INSURED HAD ANY BANKRUPTCY/FORECLOSURE IN THE PAST 5 YEARS?
 YES NO

IF YES PLEASE EXPLAIN: _____

PROXIMITY TO COAST: <1MILE 1-2 MILES 2-5MILES OVER 5 MILES

WHAT IS THE GENERAL CONDITION OF THE BUILDING? _____

PRIOR CARRIER & LOSS HISTORY (FOR PAST 5 YEARS)

INSURANCE CARRIER	TERM	LOSSES (IF ANY)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS:

By signing this application, I am attesting to the accuracy of information provided in this application. If any information provided by the application in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the application that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant*: _____

Title: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.

Name of Producer (Agency) Phone

Producers Address City State Zip Code