



Vacant Building / Building Under
Renovation Application
S&H Underwriters Inc

Agency:
Producer:
Phone Number:
Email:

| APPLICANT INFORMATION: | | PRIOR CARRIER INFORMATION: | |
|-----------------------------------|--|--|--|
| Name: | | Prior Carrier: | |
| Occupation: | | Expiration Date: | |
| Employer: | | Expiring Premium: | |
| Date Of Birth: | | Reason for Cancellation / Non-Renewal: | |
| Mailing Address: | | Reason Insured has not carried Coverage within last 12 Months: | |
| Mortgagee (Name/Mailing address): | | Within the last 5 years has the insured had: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien | |
| Loan #: | | | |
| Requested Effective Date: | | Requested Policy Term: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months | |

| Rating/Underwriting Information: | |
|---------------------------------------|---|
| Location Address: | |
| Coverage Limits Requested | Name of Person/Company doing Renovations: |
| ACV of Existing Structure: | Contractor(s) Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Estimated Completed Replacement Cost: | Contractor(s) Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Premises Liability: | Building Permits Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Payments: | Construction State Date: |
| Other Coverages requested: | Estimated Completion Date: |

Type of Renovations: Minor (Cosmetic Updates) Major (Gut Rehab)
 Describe Renovations:
 Structural Alterations: Yes No Structure being Jacked Up: Yes No

| | |
|--|---|
| How Long Has Insured Owned Building: | Purchase Price Of Property: |
| Prior Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary with Rental <input type="checkbox"/> Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant <input type="checkbox"/> Unoccupied | Intended Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary with Rental <input type="checkbox"/> Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant <input type="checkbox"/> Unoccupied |

| | | |
|--|-----------------|--|
| Protection Class: | Year Built: | Last Known Updates: Roof Update: Electrical Update: Plumbing Update: Heating Update: |
| Distance to Fire Hydrant: Feet | Construction: | |
| Distance to Fire Department: Miles | Square Footage: | |
| Fire Department: | # of Stories: | |
| <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination Paid & Volunteer | # of Families: | |

| | |
|---|---|
| Risk Checked Weekly: <input type="checkbox"/> Yes <input type="checkbox"/> No | Electrical System: # of Amps: |
| Checked By Who: | <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube |
| Heat Maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Federal Pacific Stab Lok Breakers <input type="checkbox"/> Aluminum wiring |
| At What Temperature: | Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil |
| Plumbing Drained & Winterized: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Wood <input type="checkbox"/> Other - Specify |
| Drained By Who: | Is Risk on Automatic Fuel Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Shut off during winter months: <input type="checkbox"/> Yes <input type="checkbox"/> No | Security Systems in Place: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electrical maintained year round: <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |

| Loss History: (include all losses within last 5 years regardless of location whether or not paid by insurance) | | | | | |
|--|------------|----------------------|--------------|-------------|--|
| Loss Date: | Loss Type: | Description of Loss: | Amount Paid: | Open/Closed | Unrepaired Damage |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance. The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

Applicants Signature: _____ Date: _____
 Producer Signature: _____ Date: _____