|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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):**    **Loan #:** | | | **Within the last 5 years has the insured had:**  **Foreclosure  Bankruptcy**  **Repossession**  **Lien** | | | | | | |
| **Requested Effective Date:** | | | **Requested Policy Term:**  **3 Months**  **6 Months**  **12 Months** | | | | | | |
| **Rating/Underwriting Information:** | | | | | | | | | |
| **Location Address:** | | | | | | | | | |
| **Coverage Limits Requested**  **ACV of Existing Structure**:  **Estimated Completed Replacement Cost**:  **Premises Liability**:  **Medical Payments**:  **Other Coverages requested:** | | | | **Name of Person/Company doing Renovations**:    **Contractor(s) Licensed:  Yes  No**  **Contractor(s) Insured:  Yes  No**  **Building Permits Obtained:  Yes  No**  **Construction State Date:**  **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:**  Primary  Secondary  Secondary with Rental  Rental  Builders Risk  Vacant  Unoccupied | | | | **Intended Occupancy:**  Primary  Secondary  Secondary with Rental  Rental  Builders Risk  Vacant  Unoccupied | | | | | |
| **Protection Class:**  **Distance to Fire Hydrant:**       Feet  **Distance to Fire Department:**       Miles  **Fire Department:**  Paid  Volunteer  Combination Paid & Volunteer | | | | **Year Built:**  **Construction:**  **Square Footage:**  **# of Stories:**  **# of Families:** | | | | **Last Known Updates:**  **Roof Update:**  **Electrical Update:**  **Plumbing Update:**  **Heating Update:** | |
| **Risk Checked Weekly:  Yes  No**  **Checked By Who:**  **Heat Maintained:  Yes  No**  **At What Temperature:**  **Plumbing Drained & Winterized:  Yes  No**  **Drained By Who:**  **Water Shut off during winter months:  Yes  No Electrical maintained year round:  Yes  No** | | | | **Electrical System:** # of Amps:  Circuit Breakers  Fuses  Knob & Tube  Federal Pacific Stab Lok Breakers  Aluminum wiring  **Heating System:**  **Electric**  **Gas**  **Oil**  **Wood**  **Other – Specify**  **Is Risk on Automatic Fuel Delivery:  Yes  No**  **Security Systems in Place:  Yes  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** |
|  |  |  | | |  | |  | | **Yes  No** |
|  |  |  | | |  | |  | | **Yes  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_