|  |  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_