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**VACANT PROPERTY APPLICATION**

INSURED NAME: \_\_\_\_\_

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

PROPERTY LOCATION ADDRESS: \_\_\_\_\_

INSPECTION CONTACT NAME/NUMBER: \_\_\_\_\_

MORTGAGEE: \_\_\_\_\_

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: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_ 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: \_\_\_\_\_

Private Protection: \_\_\_Central Station Fire Alarm \_\_\_ Central Station Burglar Alarm \_\_\_ Sprinklers

If Sprinklered: Date of Last Sprinkle Inspection: \_\_\_\_\_ OTHER PROTECTION: \_\_\_\_\_

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

03/22