

**VACANT BUILDING  
APPLICATION  
CAUSES OF LOSS – BASIC FORM**



**Bolton & Company**  
325 W. Main Street  
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Phone: (800) 292-6597 Fax: (877) 292-6597

**Producer Information**

NEW BUSINESS  RENEWAL/ REWRITE  
Previous Policy No. \_\_\_\_\_

PRODUCER NAME AND ADDRESS:

JHF PRODUCER CODE: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

**APPLICANT INFORMATION**

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: \_\_\_\_\_

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

	STREET	CITY	STATE	ZIP
APPLICANT IS:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER (SPECIFY) _____

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

STREET	CITY
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**APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY"** STATE ZIP

POLICY TERM:  3 MONTHS  6 MONTHS  12 MONTHS

*A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION. ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.*

**PROPERTY COVERAGE**

**LIMIT**

BUILDING	\$ _____	(ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS	\$ _____	(TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
BRAND NEW CONSTRUCTION	\$ _____	(COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
PERSONAL PROPERTY	\$ _____	(COVERAGE NOT AVAILABLE IF RENOVATING)
_____	\$ _____	(ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)

TOTAL PROPERTY LIMIT: \$ \_\_\_\_\_

MINE SUBSIDENCE COVERAGE \$ \_\_\_\_\_

LIABILITY COVERAGE (PER DWELLING/  
RETAIL UNIT) \$ \_\_\_\_\_  
(EACH OCCURRENCE)

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED?  YES  NO

HOW LONG HAS APPLICANT OWNED BUILDING? \_\_\_\_\_ ACTUAL CASH VALUE \$ \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? \_\_\_\_\_

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

ARE REGULAR CHECKS MADE TO PREMISES?  YES  NO IF "YES", HOW OFTEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ IS BUILDING SECURED?  YES  NO NO. OF STORIES: \_\_\_\_\_

STATE LOT SIZE, IF MORE THAN 1.5 ACRES: \_\_\_\_\_ NO. OF DWELLING / RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_ DATE VACATED: \_\_\_\_\_ / \_\_\_\_\_ PROTECTION CLASS: \_\_\_\_\_  
MONTH / YEAR

**SEE REVERSE SIDE**

F347 (07/03)

**ADDITIONAL BUILDING INFORMATION**

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES?  YES  NO IS THERE A PARKING LOT?  YES  NO

IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING?  YES  NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_

DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.?  YES  NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM?  YES  NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED?  YES  NO IS THERE AN ACTIVE SPRINKLER SYSTEM?  YES  NO

**WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM?**  YES  NO

**"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK?**  YES  NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ \_\_\_\_\_

**CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE:** (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- REPLACING BATHROOM FIXTURES       REPLACING ROOF       REPLACING WINDOWS       SIDING OR PAINTING EXTERIOR
- REPLACING KITCHEN CABINETS       REPLACING FLOORS       REPLACING EXTERIOR DOORS       GUTTING THE PREMISES
- REPLACING PLUMBING/ HEATING / ELECTRICAL       PAINTING       OTHER (SPECIFY): \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION.**

**IF APPLICABLE:** STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE?  YES  NO

**MORTGAGEE OR LOSS PAYEE INFORMATION**

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

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

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

	<u>YEAR</u>	<u>AMOUNT</u>	<u>DESCRIPTION OF LOSSES – DAMAGES REPAIRED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE", IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

**THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.**

\_\_\_\_\_  
Original Signature of Producer (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Applicant (Required)

\_\_\_\_\_  
Official Title (If Applicable)

\_\_\_\_\_  
Date