

VACANT BUILDING
APPLICATION
CAUSES OF LOSS - BASIC FORM,

Jacobs
and associates, Inc.

(#3170)
8227 Brecksville Road, #102
Brecksville, Ohio 44141

[] NEW BUSINESS [] RENEWAL / REWRITE
Previous Policy No. _____

AGENT/ BROKER INFORMATION

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR AGENT / BROKER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE).
AGENT/ BROKER NAME AND ADDRESS: _____

~~AGENT/ BROKER CODE:~~ _____
PERSON TO CONTACT: _____
FEDERAL ID / SOCIAL SECURITY #- _____
TELEPHONE: _____ FACSIMILE: _____

(APPLICANT INFORMATION) **ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION To BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____
STREET CITY STATE Zip

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] OTHER (SPECIFY) _____

LOCATION ADDRESS: _____
STREET CITY

APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY" STATE Zip

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 \$ _____ \$ _____

LIABILITY (PER DWELLING/RETAIL UNIT) \$ _____ \$ _____
(EACH OCCURRENCE)
TOTAL: \$ _____ \$ _____

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

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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. \$ _____

\$ _____

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER JACOBS & ASSOCIATES ISSUES A WRITTEN BINDER CONFIRMATION.

I AGREE THAT IF AN INSPECTION IS REQUIRED (Commercial Buildings Only), I WILL PAY THE INSPECTION FEE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Original Signature of Agent/ Broker (Required)

Original Signature of Applicant (Required)

Date _____

Official Title (If Applicable)

Date

MAKE CHECKS PAYABLE TO:
and mail to:

Jacobs

and associates, inc.

3170)
8227 Brecksville Road, #102
Brecksville, Ohio 44141