

VACANT BUILDING APPLICATION CAUSES OF LOSS – BASIC FORM



Underwritten by
DIAMOND STATE INSURANCE COMPANY®
A Member of the United National Group®
P.O. Box 3016 / Evanston, IL 60204
Telephone (800) 310 – 3351

PRODUCER INFORMATION

NEW BUSINESS RENEWAL/ REWRITE
Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS: _____
PRODUCER 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: <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

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

<u>PROPERTY COVERAGE</u>	<u>LIMIT</u>	<u>PREMIUM AMOUNT</u>
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)		<u>PREMIUM AMOUNT</u>
TOTAL PROPERTY LIMIT	\$ _____	\$ _____
<u>MINE SUBSIDENCE COVERAGE</u>	\$ _____	\$ _____
LIABILITY COVERAGE (<u>PER DWELLING/</u> <u>RETAIL UNIT</u>) (EACH OCCURRENCE)	\$ _____	\$ _____
TERRORISM RISK INSURANCE ACT COVERAGE DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ _____
		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: _____

IS LOT SIZE MORE THAN 5 ACRES? _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ DATE VACATED: ____ / ____ / ____ PROTECTION CLASS: _____
MONTH / YEAR

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? YES NO

SEE REVERSE SIDE

F347-OH (05/08)

ADDITIONAL BUILDING INFORMATION

IS THERE A POOL, POND, LAKE OR HOT TUB 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: _____

ARE THERE ANY HAZARDS ON THE PROPERTY? (abandoned - appliances, swing sets, trampoline, treehouse, vehicles, debris, 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, BUT 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: _____

	YEAR	AMOUNT	DESCRIPTION OF LOSSES – DAMAGES REPAIRED? <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 DIAMOND STATE INSURANCE CO, INC. ISSUES A WRITTEN BINDER CONFIRMATION.

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

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Original Signature of Producer (Required)

Date _____

Original Signature of Applicant (Required)

Official Title (If Applicable)

Date _____

MAKE CHECKS PAYABLE TO:
and mail to:

DIAMOND STATE INSURANCE COMPANY®
Diamond State Insurance Company®
Administrative Office
P.O. Box 3016
Evanston, Illinois 60204

Offer of Mine Subsidence Insurance Coverage

This constitutes an offer to include optional mine subsidence insurance coverage in your property insurance policy if the policy covers a one to four family dwelling structure located in one of the following Ohio counties: Delaware, Erie, Geauga, Lake, Licking, Medina, Ottawa, Portage, Preble, Summit & Wayne. Mine Subsidence insurance, provided by the Ohio Mine Subsidence Insurance Underwriting Association, provides up to \$100,000 of coverage or the amount of insurance on the dwelling, whichever is less, for property damage to the structure caused by mine subsidence. Mine subsidence is loss caused by the collapse or lateral or vertical movement of structures resulting from the caving in of underground mines. The annual premium for this coverage is \$5.00. To accept this offer you must complete an application for mine subsidence coverage and return it to your agent. You may obtain this application from your insurance agent who obtained the insurance on your home for you.

OH-MSI-1 (1/2006)

**OHIO MINE SUBSIDENCE INSURANCE UNDERWRITING ASSOCIATION
APPLICATION**

NAME

ADDRESS OF PROPERTY

POLICY #

COUNTY

NAME OF INSURANCE COMPANY

NAME OF INSURANCE AGENT

I HEREBY APPLY FOR MINE SUBSIDENCE INSURANCE COVERAGE. I AGREE THAT NO COVERAGE WILL BE MADE AVAILABLE FOR MINE SUBSIDENCE DAMAGE THAT EXISTS PRIOR TO THE EFFECTIVE DATE OF THIS COVERAGE. I UNDERSTAND THAT IF I ADD THIS COVERAGE TO MY BASIC FIRE OR HOMEOWNERS POLICY AFTER THE POLICY'S EFFECTIVE DATE, THERE IS A 15 DAY WAITING PERIOD FOR THE MINE SUBSIDENCE COVERAGE TO BE EFFECTIVE.

I UNDERSTAND THAT THE COVERAGE LIMIT FOR MINE SUBSIDENCE INSURANCE WILL NOT EXCEED THE COVERAGE ON MY DWELLING STRUCTURE, OR \$100,000, WHICHEVER IS LESS. I UNDERSTAND THAT ANY PERSON, WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

SIGNATURE

DATE

THIS APPLICATION IS TO BE GIVEN TO YOUR INSURANCE AGENT

OH-MSI-3 (1/2006)

Declination of Ohio Mine Subsidence Coverage Affidavit

I understand that the property located at the following address:

Street address _____

City_____ **Zip Code**_____

is located in one of the following optional Ohio Mine Subsidence counties: Delaware, Erie, Geauga, Lake, Licking, Medina, Ottawa, Portage, Preble, Summit, or Wayne. I am aware I am eligible to purchase the Ohio Mine Subsidence Coverage, but I do not desire Ohio Mine Subsidence Coverage and waive any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing by submitting Ohio form OH-MSI-3.

Applicants Signature

Date