



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

VACANT/UNOCCUPIED PROPERTY

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Contact Person: _____ Contact Person Telephone Number: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Physical Location of Property: _____

Producer's Agency: _____ Producer's Name: _____

Detailed description of intended occupancy or use (specifically, and by location): _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____

Is this a new purchase? ☐ Yes ☐ No

If yes, include date of purchase: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the applicant or any predecessor ever had a claim? ☐ Yes ☐ No

Attach a five-year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? ☐ Yes ☐ No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? ☐ Yes ☐ No

If the standard markets are declining placement, please explain why: _____

3. Other Insurance

Please provide the following information for all other business-related insurance the applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

4. Desired Insurance

NOTE: Theft, Flood & Earth Movement coverage excluded.

Vandalism and Malicious Mischief (VMM) coverage is excluded unless specifically endorsed and a premium has been charged and paid.

	Actual Cash Value
Building Value	\$
Contents* Value	\$
Other:	\$
Other:	\$

**not always applicable*

Check Coverage(s) Desired: ☐ Basic ☐ Broad Form ☐ Burglary

Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: _____ ☐ Risk Share _____ %

Policy Term Desired: ☐ 3 Months ☐ 6 Months

5. Exposure Details

- When did the building become vacant? _____
- What do you intend to do with the building in the next 12 months? _____

3. Are the utilities on in the building? ☐ Yes ☐ No

If yes, what utilities are active: _____

4. How long have you owned the building? _____

5. Is there a mortgage? ☐ Yes ☐ No

If yes, what is the current outstanding mortgage amount? \$ _____

If yes, are any mortgage payments delinquent? ☐ Yes ☐ No

6. Protection class at risk: _____ Construction: _____

7. Year built (approximate if necessary): _____ Number of stories: _____

8. Predominant construction material: _____ Square footage: _____

9. Condition:

a. Building: ☐ Good ☐ Fair ☐ Poor

b. Roof: ☐ Good ☐ Fair ☐ Poor

c. Outbuildings: ☐ None ☐ Frame ☐ Masonry/metal

10. Neighborhood description: _____

11. Type: ☐ Residential ☐ Commercial ☐ Rural Status: ☐ Improving ☐ Stable

12. Building improvements ☐ Yes ☐ No

a. Wiring? ☐ Yes ☐ No Year: _____

b. Plumbing? ☐ Yes ☐ No Year: _____

c. Roofing ? ☐ Yes ☐ No Year: _____

d. Heating? ☐ Yes ☐ No Year: _____

e. Other: _____ ☐ Yes ☐ No Year: _____

13. Approximate distance to nearest hydrant? _____

14. Does risk have sprinkler system? ☐ Yes ☐ No

15. Hazards noted:

a. Dead trees or limbs ☐ Yes ☐ No

b. Adjacent property ☐ Yes ☐ No

Describe: _____

c. Difficult access for Fire Dept. ☐ Yes ☐ No

d. Open foundation ☐ Yes ☐ No

e. Flooding or high water ☐ Yes ☐ No

****NOTE: Flood coverage excluded.**

f. Isolated or hidden ☐ Yes ☐ No

g. Combustible brush or debris ☐ Yes ☐ No

16. Is the building under renovation or rehabilitation? ☐ Yes ☐ No

If yes:

a. Have contracts been signed for the work? ☐ Yes ☐ No

b. Is the work underway? ☐ Yes ☐ No

If no, what is the start date? _____

c. When will the work be completed? _____

d. Are building permits required? ☐ Yes ☐ No

If yes, please provide copies of permits.

e. If the building is being renovated, check the applicable boxes indicating type of renovations being done:

☐ Wiring ☐ Plumbing ☐ Heating ☐ Roofing ☐ Painting ☐ Other: _____

f. Is work being financed? ☐ Yes ☐ No

If yes, list the name and address of lender: _____

g. What is the cost of the renovations? _____

17. Is the property for sale or for rent? ☐ Sale ☐ Rent ☐ N/A

If for sale, what is the asking price? \$_____

18. Is the property listed with a real estate broker? ☐ Yes ☐ No

When do you expect the property to be sold? _____

Definitions:

Vacant means the described property is empty, not in use, and contains no contents pertaining to activities or operation customary to occupancy of the business.

Unoccupied means the described property is idle, or not being used by its intended or customary occupants.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Applicant:

Signature

Print Name

Dated: _____

Agent/Broker:

Signature

Print Name