



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

VACANT PROPERTY APPLICATION

Applicant Name: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

Policy Term Requested: _____

Location to be Insured: _____

Property Limit Requested: Existing Building: \$ _____ Coinsurance: _____ %
 Cost of Renovations: \$ _____ Total Building Limit: \$ _____
 Deductible Requested: \$ _____

If new purchase, please insure for "purchase price excluding land."

Perils Requested: Basic Basic X VMM Other: _____

How long has applicant owned property at this location? _____

How long has building been vacant? _____

Reason for vacancy (provide details): _____

Intended disposition of property (i.e., sell, rent, occupy): _____

Prior occupancy: _____

Year Built: _____ Year Renovated: _____ Protection Class: _____
 C/S Fire Alarm: _____ C/S Burglar Alarm: _____ Sprinklers: _____
 Number of Stories: _____ Construction: _____ Square Feet: _____

Upgrades (describe): Wiring: _____ Roofing: _____ Plumbing: _____
 Other: _____

Describe neighborhood – i.e., rural, commercial, residential: _____

Describe general condition of building: _____

Describe unrepaired damage, if any: _____

How often are regular checks made to property and by whom? _____

Photos Attached? _____ Building Secured? _____

Utilities Operational? _____ Bankruptcy Status? _____

Does the applicant owe any back taxes? Yes No

If the applicant has a mortgage, are they current with their mortgage payments? Yes No

Mortgagee: _____

Previous Carrier: _____

Loss History: _____

Other pertinent information: _____

NOTE: If ACORD application is included, only answer questions not included on ACORD application. Thank you.

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER'S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT'S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT'S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT'S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT'S PERSONAL INFORMATION IN THE INSURER'S FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT'S RIGHTS AND THE INSURER'S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT'S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Applicant's Signature

Producer's Signature

Date