

**Vacant Dwelling Application**

**Agency Information**

Code:		Address:	
Name:		City:	State: Zip:
Agency Contact:		P:	E:

**General Information**

Quote #:	Premium:	Requested Effective Date:	Policy Term:
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rewrite of	Carrier:

**Applicant Information**

Name:	
DOB:	SSN:
Occupation:	

**Co-Applicant Information**

Name:	
DOB:	SSN:
Occupation:	

**Risk Address**

Address:		
City:	State:	Zip:
County:		

**Mailing Address**

Address:		
City:	State:	Zip:

**Policy Information**

Endorsements, limitations, exclusions and deductibles in effect by this application will be listed on the quote and declarations page and are agreed to by applicant(s).

Dwelling:	<input type="checkbox"/> TDP 1 <input type="checkbox"/> TDP 3
Renovation Amount:	Dwelling Deductible:
Personal Property:	Personal Property Deductible:
Liability:	Wind Deductible:
Med Pay:	
<input type="checkbox"/> Dwelling Replacement Cost	
<input type="checkbox"/> Residence Glass	
<input type="checkbox"/> Contract of sale: Buyer:	
<input type="checkbox"/> Other:	

**Rating Information**

Year Built:	Type of Construction:	Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>
Year of Roof:	<input type="checkbox"/> Brick, Stone or Masonry	If Central Station:
Roof Material:	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Burglar
Number of Roof Layers:	<input type="checkbox"/> Stucco, Cement Fiber or Asbestos	<input type="checkbox"/> Fire
Year Wiring Updated:	<input type="checkbox"/> Frame	<input type="checkbox"/> Combination Burglar/Fire
Year Plumbing Updated:	<input type="checkbox"/> Other:	A copy of the alarm certificate showing functions must be attached for a credit to apply.
Square Feet:	PPC:	
Number of Stories:	Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupancy:	Distance to Hydrant:	
<input type="checkbox"/> Vacant - For Sale	Distance to Fire Station:	
<input type="checkbox"/> Vacant - Renovation	Responding Fire Dept:	
<input type="checkbox"/> Vacant - Model Home	Number of Acres:	
<input type="checkbox"/> Vacant - Other Explain:		

Filed for bankruptcy in the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
Declined by any other carrier for credit? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Burglar Bars? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are all burglar bars equipped with a quick release mechanism? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is pool fenced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Self locking gate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If renovations are included:			
Describe work to be done:			
When will work begin:		Estimated completed date for renovation:	
Are any load bearing walls affected?			
Work is being done by: <input type="checkbox"/> Contractor <input type="checkbox"/> Insured <input type="checkbox"/> Other: Explain:			
Provide Commercial General Liability Policy Number:			Expiration Date:
(a copy will be required to bind)			

**Prior Carrier Information**

New Purchase: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, date of purchase:	Purchase Price:	If no, previous carrier:
Expiration Date of Current Policy:			
Non-renewing? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, reason:		

**Loss Information** 3 year history for Property and Insured required

Date	Description of loss	Amount of loss	Open	Closed	Repairs Completed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partial <input type="checkbox"/> Full
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partial <input type="checkbox"/> Full
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partial <input type="checkbox"/> Full

**First Mortgagee Information**

**Second Mortgagee Information**

Loan #:			Loan #:		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:

**NOTE TO AGENTS:**

Agents do not have binding authority. Coverage is not bound until binder confirmation is issued by Myron Steves. To request binding, fax or email completed application. Coverage cannot be backdated. Signed application required within 7 days. If application is mailed prior to binding, coverage will be secured day after postmark. Incomplete applications will jeopardize binding coverage. At any time, a company mandated moratorium applying to all or any part of the state(s) can affect our binding authority for new business, renewals with a lapse in coverage or increases in coverage.

**NOTE TO APPLICANT(S):**

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies.

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 civil penalties.

Endorsements, limitations, exclusion and deductibles in effect by this application will be listed on the quote and declarations page and are agreed to by applicant(s).

**APPLICANT'S STATEMENT:** I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

**Producer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_