

SPECIALTY PROPERTY VACANT SUPPLEMENT

I. GENERAL INFORMATION

Eff Date/_/_ Inspection ContactPhone ()		
Name_ Location Address	State	Zip
Website address		
Type Of Property (check one):	Business Structure (check one):	Property Mgmt. Experience:
[] Apartment [] Offices [] Industrial/Mfg [] Shopping Center/LRO [] Other / Mixed Use	[] Corporation [] Partnership [] Sole Proprietor [] Other	 Years of Property Mgmt. Experience: Years as Managing This Location:
Prior Occupancy:Length of time vacant		
Applicant's Financial Condition :		
Reason for Vacancy:		
Plans for Building:		
Is building to be demolished or remodeled \(\subseteq \text{Yes, or} \subseteq \text{No} \)		
If Yes provide details:		
Dates of Update: wiring	plumbing heating	Roof
(Circle all that apply)		
Wiring is: Aluminum 100% pigtailed, copper, Circuit breakers, fuses		
Private protection : 100% sprinklered, central station burglar alarm, central station fire alarm, watchman, boarded, locked, fenced, lighted		
Will power remain on during vacancy?		
Will Heat remain on during vacancy?		
If no, what is being done to avoid frozen pipes, sprinkler leakage and water damage?		
Describe surrounding area (ie industrial occupied, residential occupied, other, vacant, etc.)		
Loss History (3 years):		
Requested Coverage: Basic, Broad Special		
Deductible \$Co-insu	rance %	
Proposed Effective Date:	Target Premiur	m: \$