H	ousto	n	
P:	(281)	759	-4855
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hullandco-texas.com

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	& C	Comp	oan	y

Name:		Mailing Address:  Term: 3 mos. 6 mos. Other:		
Eff. Date: Exp Date:	:			
VACANT/RENOVATI				
(Attach	to Accord 125 – /	Applicant Information	Section)	
PROPERTY INFORMATION				
Risk Address:		Current disposition: Intended disposition:	☐ Vacant ☐ Renovation ☐ Sell ☐ Rent ☐ Occupy	
Year Built:	Year Renovate		Protection Class:	
Construction Type:	Wiring: Roof:		Number of Stories:	
Square Feet:	Plumbing:	Heating:	Prior occupancy:	
Intended renovations:	Protective Dev		Utilities Operational: Yes No	
	<b>—</b>	ion Fire Alarm	Building Secured: Yes No Bankruptcy: Yes No	
Time Vacant:	☐ Central Station Burglar Alarm☐ Sprinklers		Bankruptcy Status:	
Reason:	Other (Describe Below)			
Condition of building:	Loss History & Prior/Mortgagee		Unrepaired damage:  Yes  No	
-	Mortgagee:		(Describe Below)	
	Prior Carrier:		Frequency of check-ups:	
Describe Neighborhood:	Loss History:		Made by whom:	
How long has the applicant owned				
Is the building historically significar	nt or part of a His	storical Register: 🔲 Y	′es □ No	
DDODOCED DDODEDTY COV	FRAGE ^For n	ew purchase, please ins	sure for "purchase price excluding	
PROPOSED PROPERTY COV				
land".*	Renovation Lir	mit: \$	Total Building Limit: \$	
land".* Existing Building Limit: \$	Renovation Lir		Total Building Limit: \$	
Existing Building Limit: \$ Deductible Requested: \$	Coinsurance:	mit: \$ % THER -	Total Building Limit: \$	
Iand".*  Existing Building Limit: \$  Deductible Requested: \$	Coinsurance:	%	Total Building Limit: \$	
Existing Building Limit: \$ Deductible Requested: \$	Coinsurance:	%	Total Building Limit: \$	
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Existing Building Limit: \$ Deductible Requested: \$ Coverage: BASIC BASIC  Other Pertinent Information:	Coinsurance:	% THER -		