



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-678-7342 • Fax 801-304-5551

**VACANT/UNOCCUPIED  
 PROPERTY**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_ **Applicant's SS# or FEIN:** \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of intended occupancy (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new purchase?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

**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

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

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: Flood coverage excluded.**

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

	Actual Cash Value	Coinsurance
Building Value	\$	\$
Contents Value	\$	\$
Business Income	\$	\$
Other	\$	\$

Check Coverage(s) Desired:  Basic  Broad Form  Burglary

Self-Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

Deductible:  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

Policy Term Desired:  3 Months  6 Months

**5. Business Activities**

1. When did the building become vacant? \_\_\_\_\_

2. What do you intend to do with the building in the next 12 months? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

4. How long have you owned the building? \_\_\_\_\_

5. Are property taxes unpaid for two quarters or more?  Yes  No

6. Is there a mortgage?  Yes  No

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

If yes, are any mortgage payments delinquent?  Yes  No

7. Condition:

a. Building:  Good  Fair  Poor

b. Roof:  Good  Fair  Poor

c. Outbuildings:  None  Frame  Masonry/metal

8. Neighborhood description: \_\_\_\_\_

Type:  Residential  Commercial  Rural Status:  Improving  Stable

9. Is the building under renovation or rehabilitation?  Yes  No  
If yes:

i. Have contracts been signed for the work?  Yes  No

ii. Please provide the name, address, and phone number of each contractor:

Name Address Phone Number

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

iii. Is the work underway?  Yes  No  
If no, what is the start date? \_\_\_\_\_

iv. When will the work be completed? \_\_\_\_\_

v. Are building permits required?  Yes  No  
If yes, please provide copies of permits.

vi. If the building is being renovated, check the applicable boxes indicating type of renovations being done:  
 Wiring  Plumbing  Heating  Roofing  Painting  Other: \_\_\_\_\_

vii. Is work being financed?  Yes  No  
If yes, list the name and address of lender: \_\_\_\_\_

viii. What is the cost of the renovations? \_\_\_\_\_

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

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

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

If yes, please list the name, address, and phone number of the broker: \_\_\_\_\_

When do you expect the property to be sold? \_\_\_\_\_

11. Has the property been advertised for rent?  Yes  No

12. Has a prospective tenant been found?  Yes  No

13. Has a lease been signed?  Yes  No

14. When do you expect the property to be occupied? \_\_\_\_\_

15. 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: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name