



## VACANT BUILDING PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

**1. Building information:**

Location	Construction	Age	No. of stories	Vacant since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1				
No. 2				
No. 3				

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant area			
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage			

Location	Building Security ("X" those applicable)						Neighborhood ("X" those applicable)			
	Boarded	Locked	Fenced	24-hour security	Alarmed	How often do you see the building?	Residential	Commercial	Industrial	Rural
No. 1										
No. 2										
No. 3										

**2. Plans for the building(s):** \_\_\_\_\_

Is a building to be demolished or remodeled?.....  Yes  No

If yes, please answer the following:

Describe the work to be done: \_\_\_\_\_

Expected start date: \_\_\_\_\_

Expected completion date: \_\_\_\_\_

**2. Plans for the building(s) (continued):**

Who is performing the work?  Licensed contractor  Applicant acting as general contractor  
 Other \_\_\_\_\_

Are certificates of insurance obtained from contractors or subcontractors? .....  Yes  No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? .....  Yes  No

Estimated cost for renovation/construction operations:

During next 12 months \$ \_\_\_\_\_

For entire project \$ \_\_\_\_\_

If applicant is acting as the general contractor:

Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? .....  Yes  No

Is applicant named as an additional insured on the subcontractor's policy? .....  Yes  No

Is scaffolding owned, rented or erected by the applicant? .....  Yes  No

Will applicant occupy the building upon completion? .....  Yes  No

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***