



# MUSIC Vacant Buildings Supplemental Application

Applicant's Name \_\_\_\_\_ Agent Name \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Proposed Effective Date:  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Web Address \_\_\_\_\_ (12:01 am Standard Time at the address of the Applicant)

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

Years doing business under current name \_\_\_\_\_ years Years of Experience \_\_\_\_\_ years

Have you worked under any other name?  Yes  No

If yes, please explain: \_\_\_\_\_

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

**\*NOTE:** Buildings scheduled for demolition; Unsecured buildings; Buildings in poor conditions; Replacement cost; Bankrupt properties; Properties with existing fire or water damage; Buildings undergoing major renovation are **PROHIBITED** operations.

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Damages to Premises Rented to you	\$ _____
Medical Expense (any one person)	\$ _____
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$ _____	BI/PD per Claim - LAE _____

**Describe General Condition of the Building** \_\_\_\_\_

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### Vacant Buildings Questionnaire

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#	Location	Construction Type	Age of Bldg.	No. of Stories	Vacant Since
1					
2					
3					

#	Prior Location or Occupancy	Current Use of Building
1		
2		
3		

ACV written on form indicated below:

Basic                       Broad                       Special

Utilities currently active:

Gas                               Electric                       Water

Estimated cost for renovation/construction operations for the next 12 months? \$ \_\_\_\_\_

For the entire project? \$ \_\_\_\_\_

Who is performing the work? (Licensed contractor, applicant acting as GC, etc.) \_\_\_\_\_

What are the future plans for the building (resale, lease, renovate, demolish, etc.)? \_\_\_\_\_

If demolished or remodeled, please describe the work that will be done: \_\_\_\_\_

Will applicant occupy the building upon completion?  Yes       No

Are premises being converted to apartments, condominiums or town homes?  Yes       No

Is the building completely vacant?  Yes       No

If No, please provide what part is occupied: \_\_\_\_\_

Are regular safety checks made?  Yes       No

If yes, how often? (provide timeline) \_\_\_\_\_

Is the location boarded up, locked, fenced or alarm system in place? \_\_\_\_\_

Is there a 24 hour security on-site?  Yes       No

Has the property been condemned or anticipate condemnation during policy term?  Yes       No

Does the property have any existing water or fire damage?  Yes       No

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

Is the property in bankruptcy, Chapter 7, or Chapter 11?  Yes       No

Describe the condition of surrounding neighborhood(s) and of the building(s): \_\_\_\_\_

Describe any areas occupied or leased to others: \_\_\_\_\_

Total Square Ft. (per occupied or leased area): \_\_\_\_\_

Advise if any insurance is not currently in place due to potential moral hazard: \_\_\_\_\_

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- Are certificates of insurance obtained from contractors &/or subcontractors?  Yes  No
- Is a contract containing a hold-harmless clause holding applicant harmless obtained?  Yes  No
- If applicant is acting as the general contractor, does he or she obtain a written contract from all subcontractors which include a hold harmless in favor of the applicant?  Yes  No
- Is applicant named as an additional insured on the subcontractor's policy?  Yes  No

**In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?**  Yes  No

If yes, please describe. \_\_\_\_\_

**Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?**  Yes  No

If yes, please describe. \_\_\_\_\_

### Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

### Prior Carrier Information

Year	Carrier	Premium

**This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.**

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Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_