AGENCY CUSTOMER ID: _____

VACANT BUILDING SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE BUILDING

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED / APPLICANT

VACANT BUILDING

LOC #	BLD #	VACANCY DATE (MM/DD/YYYY)	NUMBER OF STORIES: _____ LIST VACANT STORIES: _____ ☐ ENTIRE BUILDING IS VACANT	VACANT AREA _____ SQ FT _____ % OF BLDG	AREA OCCUPIED BY OTHERS _____ SQ FT	DESCRIBE AREAS OCCUPIED OR LEASED TO OTHERS

NEIGHBORHOOD
- ☐ COMMERCIAL ☐
- ☐ INDUSTRIAL
- ☐ RESIDENTIAL

OPERATIONAL BUILDING SECURITY
- ☐ LOCAL ALARM
- ☐ CENTRAL STATION ALARM
- ☐ BOARDED
- ☐ FENCED ☐
- ☐ LOCKED
- ☐ 24 HOUR SECURITY

WORKING UTILITIES
- ☐ GAS ☐
- ☐ ELECTRIC ☐
- ☐ WATER

BUILDING SEEN FREQUENCY
- ☐ DAILY
- ☐ WEEKLY
- ☐ MONTHLY
- ☐ ANNUALLY ☐

VISITED BY (Check all that apply)
- ☐ BUILDING OWNER
- ☐ PROPERTY MANAGER
- ☐ CARETAKER
- ☐ SECURITY
- ☐ REALTOR

DATE LAST VISITED (MM/DD/YYYY)

REASON(S) VACANT (Check all that apply)
- ☐ FOR SALE / LEASE
- ☐ UNDER RENOVATION
- ☐ ESTATE SETTLEMENT
- ☐ BUILDING DAMAGED ☐
- ☐ FORECLOSURE ☐

DESCRIBE PRIOR OCCUPANCY

VACANT BUILDING INFORMATION - EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. HAS THE BUILDING BEEN CONDEMNED? (If "YES", provide reason building was condemned and planned future use)	
2. IF THE BUILDING IS SPRINKLERED, IS THE SPRINKLER SYSTEM TURNED OFF? (No explanation needed)	
3. IS THE BUILDING TO BE DEMOLISHED OR REMODELED? (If "YES", provide the following):	
a. DESCRIBE WORK TO BE DONE	
b. IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT?	
c. WILL APPLICANT OCCUPY THE BUILDING UPON COMPLETION?	

REMARKS (Attach ACORD 101, if more space is required)

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