

## Vacant Commercial Property Transmittal Sheet

Agency Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency City/Town: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Application:

- Be sure to answer ALL questions and fields, unless answer is not applicable.
- Signatures are not required at this time. We will provide the completed application for signature with the quote.
- An Inspection will be required within 30 days of the effective date. The inspection fee will be included on quote.

**Submit completed application via email to Jackson Le at [jle@massagent.com](mailto:jle@massagent.com) or fax to 508-634-2930.**



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## VACANT COMMERCIAL APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

### ELIGIBILITY QUESTIONS

1. Do you have more than one vacant location to insure? Yes No
2. In which state is the property to be insured: \_\_\_\_\_
3. Please confirm the type of property to be insured: Residential Commercial Farm Other
4. Please enter the period the property has been vacant: 0-6 Months 7-24 Months 25-36 Months 37+ Months
5. Has the property to be insured been continually covered by a property insurance policy, without any lapse or interruption of coverage, since becoming vacant? Yes No
6. Is the building(s) to be insured secured against unauthorized entry? Yes No

7. Has the applicant had any policy of property insurance cancelled or non-renewed in the past (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.): Yes No  
*If the answer above is Yes, were they for any of the following reasons only:*
- Insurer no longer writing class of business? Yes No
  - Insurer no longer writing class of business in territory?
  - Risk no longer qualifying for an Admitted Carrier program?
  - Loss History?

8. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding \$25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3) years, excluding natural catastrophe events? Yes  No
9. Is there an open or unresolved loss, claim or circumstance involving the property to be insured? Yes  No
10. Has the applicant ever been involved in any bankruptcy proceeding, or convicted of arson or insurance fraud? Yes  No
11. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens? Yes  No
12. Was the property to be insured previously occupied as a hotel, motel, church, golf club, or school? Yes  No
13. Has the property to be insured been condemned or is it scheduled for demolition? Yes  No
14. Are there any evictions taking place or scheduled to take place at the property to be insured? Yes  No
15. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places? Yes  No
16. Is there wood shake roofing on any of the property to be insured? Yes  No
17. Is the property or properties located in a landslide, forest fire or brush fire area (with less than 200 feet brush clearance)? Yes  No
18. Existing structural damage to building(s) to be insured? Yes  No
19. Is the property to be insured subject to more than two mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution? Yes  No
- If any question 8 through 19 has been answered 'Yes', the risk is not eligible.***

20. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes  No
- If the answer above is "yes" please answer the following question***
21. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$400,000; or(ii) involve structural work or structural repairs being performed by any person? Yes  No

**APPLICANT DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address of Property to be Insured: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and Address of Retail Broker: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**PROPERTY CONTACT DETAILS**

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

22. Period of Insurance: 3 Months    6 Months    9 Months    Annual    23. Enter Protection Class: \_\_\_\_\_
24. Total sq footage of building to be insured including outbuildings: \_\_\_\_\_    24a. Requested Date of Coverage: \_\_\_\_\_
25. Is Vacant Condominium Unit Owners Coverage required? Yes    No    26. Basis Of Loss Settlement: ACV    RCV
27. Value of Building:(Total value of Main Building excluding Other Structure(s)): \_\_\_\_\_
28. Construction Type: Frame    Joisted Masonry    Non Combustible    Masonry Non Combustible    Modified Fire Resistive    Fire Resistive
- 29 Age of Building or complete building upgrade in? *(This includes plumbing, electric, roof)*    0-30 Years    31-50 Years    Over 50 Years
- 29a. *If over 35 years* - has all building utilities been upgraded within the last 35 years? Yes    No
30. When was the roof last replaced? 0-10 Yrs    11-25 Yrs    26-50 Yrs    Over 50 Yrs    31. Would you like to apply a roof exclusion? Yes    No
32. Basis of Loss Settlement for the roof: ACV    RCV    33. Would you like to apply a Cosmetic roof exclusion? Yes    No    34. Number of Floors: \_\_\_\_\_
35. Are there any other Structures to be insured? Yes    No    35a. Value of Other Structure(s): \_\_\_\_\_
- 35b. Please provide a brief description of the other structure: \_\_\_\_\_    36. Do you require business personal property cover? Yes    No
- 36a. Value of business personal property to be insured: \_\_\_\_\_    37.Type of Quote: Basic    Special
38. Wind and Hail Deductible per occurrence:                    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
39. All Other Perils Deductible (excluding Wind Peril)            \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
40. Do you wish to buy coverage for Theft of Building Materials? Yes    No    41. Do you wish to purchase? Yes    No
42. Is Vandalism cover required? Yes    No    43. Is Sprinkle leakage cover required? Yes    No    44. Is TRIA coverage required? Yes    No
45. Renovation or Construction Work Project Costs: \_\_\_\_\_
46. Description of Renovation or Construction Work: \_\_\_\_\_
47. Is Work being undertaken by a Contractor? Yes    No    48. What CGL Limit carried by the Contractor? 300k    500k    1m
49. Premises Liability: Yes    No
50. Premises Liability Limits: \$100,000/200,000    \$300,000/600,000    \$500,000/1,000,000    \$1,000,000/2,000,000
51. Is there a parking lot at the property to be insured? Yes    No    52. Enter whether it is fenced and posted (No Trespassing signs): Yes    No
53. Would you like to apply a Coverage A Theft Exclusion? Yes    No    *(If No, select a Coverage A Theft sublimit & deductible below if eligible)*
- 53a: Please select a Coverage A Theft sublimit option: \$5,000    \$10,000    \$25,000
54. Please select a Theft Deductible, if above selected: \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
55. Would you like to apply Water Damage Exclusion? Yes    No    N/A    *(If No, select a Water Damage sublimit & deductible below if eligible)*
56. Please select a Water Damage Sublimit Option: Full Limit    \$5,000    \$10,000    \$25,000
57. Please select a Water Damage Deductible: \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
58. How often is the building to be insured inspected by the applicant or the applicant's representative?  
                   Daily                    Weekly                    Monthly                    Other
59. Which Utilities are operational:  
                   Electricity only                    Water only                    Electricity & Water                    None
60. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes    No

**COVERAGE AND PROPERTY DETAILS(continue)**

61. Prior use of building to be insured when last occupied? \_\_\_\_\_

62. Have there been any insured or uninsured losses or claims at the property to be insured? Yes      No

62a: Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:

63. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):

64. If required, please enter below details of Additional Insured:

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**See supplemental form below required for partially occupied buildings**

