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 or fax to 508-634-2930.



Proudly serving the Members of the Massachusetts Association of Independent Agents

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	Yes No
interruption of coverage, since becoming vacant?	Yes No
6. Is the building(s) to be insured secured against unauthorized entry?	
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'.): If the answer above is Yes, were they for any of the following reasons only:	Yes No
 Insurer no longer writing class of business? Insurer no longer writing class of business in territory? Risk no longer qualifying for an Admitted Carrier program? Loss History? 	Yes No
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? If any question 8 through 19 has been answered 'Yes', the risk is not eligible.	Yes □ No □
20. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to consurance is in effect?	commence while 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 and \$400,000 are construction work (ii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where project costs exceed \$400,000 are construction work (iii) being performed by a contractor or owner where the contractor of	000; or(ii) involve
structural work or structural repairs being performed by any person?	Yes No

	APPLICANT DETAIL	S	
Name and Mailing Address of Applicant	:		
	State	Zip code	
Telephone	Cil		
Address of Property to be Insured:			
	State	Zip code	
Name and Address of Retail Broker:			
-	State	Zip code	
	PROPERTY CONTACT D	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 Resisti
29 Age of Building or complete building upgrade in? (<i>This includes plumbing, electric, roof</i>) 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
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 FI
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 N
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
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?

COV	ERAGE 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 claim 62a : Describe all prior losses or claims including the date, the repaired:	ns at the property to be insured? Yes No nature or occurrence, the status, the amount, and whether the damage has been
63.Identify all mortgagees, lien holders and additional loss pa	ayees (if any, including account numbers and outstanding amounts):
64. If required, please enter below details of Additional Insure	ed: DECLARATION
	DECLARATION
	RECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ISEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT LT IN A CLAIM BEING DENIED.
APPLICATION FOR INSURANCE CONTAINING ANY MATE MISLEADING INFORMATION CONCERNING ANY FACT M CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND	DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN ERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF IATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A D (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, E, 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

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