

Vacant Residential 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 DWELLING 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 proceedings and/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. Has the property to be insured been condemned or is it scheduled for demolition? Yes No
13. Are there any evictions taking place or scheduled to take place at the property to be insured? Yes No
14. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places? Yes No
15. Is there wood shake roofing on any of the property to be insured? Yes No
16. Is the property or properties located in a landslide, forest fire or brush fire area (with less than 200 feet brush clearance)? Yes No
17. Existing structural damage to building(s) to be insured? Yes No
18. 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 - 18 has been answered 'Yes', the risk is not eligible.

19. 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

20. 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
21. Is this a manufactured home? Yes No
22. Is the manufactured home on a permanent foundation or secured to the ground with approved-tie downs and anchors, and does the manufactured home have permanent skirting? 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

23. Protection Class: _____ 24. Period of Insurance: 3 Months 6 Months 9 Months Annual
- 24a: Requested effective date of coverage: _____
25. Total Sq Footage of building to be insured including outbuildings: _____
26. Is Vacant Condominium Unit Owners Coverage required? Yes No
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) 0-35 Years 36-50 Years Over 50 Years
- 29a. **If over 35 years** - has the building has had all utilities upgraded in in the last 35 years? Yes No
30. When was the roof last replaced? 0-10 Years 11-25 Years 26-50 Years Over 50 Years
- 31a. Are there any other Structures to be insured? Yes No 31b. Value of Other Structure(s): _____
32. Please provide a brief description: _____
33. Do you require personal property? Yes No
34. Value of personal property to be insured: _____
35. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
36. All Other Perils Deductible (excluding Wind Peril): \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
37. Type of Quote: DP-1 DP-3 37a. Basis of Loss Settlement: ACV RCV
38. Estimated Renovation or Construction Work Project Costs: _____
39. Description of Renovation or Construction Work: _____
40. Is Work being undertaken by a Contractor? Yes No 41. What CGL Limit carried by the Contractor? 300k 500k 1m
42. Would you like to apply a roof exclusion? Yes No 43. Would you like to apply a cosmetic roof exclusion ? Yes No
44. Basis of Loss Settlement for the Roof: ACV RCV
46. Is Vandalism and Malicious Mischief cover required? Yes No 47. Do you wish to buy coverage for Theft of Building Materials: Yes No
48. Would you like to buy coverage for the peril of Earthquake ? Yes No 49. Do you wish to purchase? Yes No
50. Would you like to apply a Coverage A Theft Exclusion? Yes No (If No, select a Coverage A Theft sublimit & deductible below if eligible)
51. Please select a Coverage A Theft sublimit option: Full Limit \$5,000 \$10,000 \$25,000
52. Please select a Coverage A Theft Deductible: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
53. Would you like to apply Water Damage Exclusion? Yes No (If No, select a Water Damage sublimit & deductible below if eligible)
54. Please select a Water Damage sublimit option: FullLimit \$5,000 \$10,000 \$25,000
55. Please select a Water Damage Deductible: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
56. Premises Liability: Yes No
57. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
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: Electric only Water only Electric & Water None
60. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
61. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No

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

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

63. 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 _____