

# SURPLEX UNDERWRITERS, INC.

www.surplexuw.com

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## VACANT DWELLING / BUILDING APPLICATION

### PRODUCER NAME & ADDRESS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

( ) NEW BUSINESS ( ) RENEWAL / REWRITE  
 Policy No. \_\_\_\_\_ Previous Policy No. \_\_\_\_\_

JHF PRODUCER CODE: \_\_\_\_\_  
 PERSON TO CONTACT: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

### APPLICANT INFORMATION

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET STATE ZIP

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

APPLICANT IS: [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION [ ] OTHER (SPECIFY) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_  
 STREET CITY STATE ZIP

POLICY TERM: [ ] 3 MONTHS [ ] 6 MONTHS [ ] ANNUAL EFFECTIVE DATE \_\_\_\_\_ TO \_\_\_\_\_.

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.

Loc #	Bldg #	Limit	Coverage
		\$	Building (ACV or Purchase Price, if purchased within past year)
		\$	Renovations (Total amount that will be spent to improve building)
		\$	Brand New Construction (Completed Value when finished – GL coverage not available)
		\$	Personal Property (Coverage not available if renovating)
		\$	Total Location Limit
		\$	Deductible

Coverage		\$
Property		\$
General Liability	Limit: \$	\$
Adjustment to Minimum		\$
Total Premium		\$
Mine Subsidence (if Applicable)		\$
Terrorism Risk Insurance Act Coverage Desired?	( ) Yes ( ) No	\$
Surcharge		\$
Policy Fee (\$25-3Mo, \$50- 6Mo, \$100-12MO)		\$
Total with applicable surcharge & fees		\$

HOW LONG HAS APPLICANT OWNED BUILDING? \_\_\_\_\_ ACTUAL CASH VALUE \$ \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? \_\_\_\_\_

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

ARE REGULAR CHECKS MADE TO PREMISES? [ ] YES [ ] NO, IF "YES", HOW OFTEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ IS BUILDING SECURED? [ ] YES [ ] NO NO. OF STORIES: \_\_\_\_\_

STATE LOT SIZE, IF MORE THAN 5 ACRES: \_\_\_\_\_ NO. OF DWELLING/ RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_, LOG HOME [ ] YES [ ] NO, DATE VACATED: \_\_\_\_\_ PROTECTION CLASS \_\_\_\_\_  
MONTH / YEAR

NOTE! IF MOBILE HOME, IS IT ANCHORED DOWN & TO SLAB OR FOUNDATION & COMPLETED SKIRTED? [ ] YES [ ] NO

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [ ] YES [ ] NO IS THERE A PARKING LOT? [ ] YES [ ] NO

IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [ ] YES [ ] NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_

DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [ ] YES [ ] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [ ] YES [ ] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [ ] YES [ ] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [ ] YES [ ] NO

**WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [ ] YES [ ] NO**

**"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [ ] YES [ ] NO**

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ \_\_\_\_\_

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- [ ] REPLACING BATHROOM FIXTURES [ ] REPLACING ROOF [ ] REPLACING WINDOWS [ ] SIDING OR PAINTING EXTERIOR
- [ ] REPLACING KITCHEN CABINETS [ ] REPLACING FLOORS [ ] REPLACING EXTERIOR DOORS [ ] GUTTING THE PREMISES
- [ ] REPLACING PLUMBING! HEATING / ELECTRICAL [ ] PAINTING [ ] OTHER (SPECIFY): \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION**

**IF APPLICABLE :** STATE THE DISTANCE FORM OCEAN, GULF BAY INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE ? [ ] YES [ ] NO

**MORTGAGEE OR LOSS PAYEE INFORMATION**

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

	YEAR	AMOUNT	DESCRIPTION OF LOSSES -DAMAGES REPAIRED [ ] YES [ ] NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE", IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

**I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER DIAMOND STATE INSURANCE COMPANY ISSUES A WRITTEN BINDER CONFIRMATION.**

**THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.**

\_\_\_\_\_  
Original Signature of Producer (Required)

\_\_\_\_\_  
Original Signature of Applicant (Required)

Date \_\_\_\_\_

\_\_\_\_\_  
Official Title (If Applicable)

\_\_\_\_\_  
Date

## NEW CONSTRUCTION OR RENOVATION PROJECT SUPPLEMENTAL INFORMATION

**1) Has applicant hired a general contractor for this project? (YES / NO) If yes then need the following info:**

Name of General Contractor \_\_\_\_\_

Does the G/C carry General liability? ( YES / NO )

If yes what is the limit of liability that they are carrying? \_\_\_\_\_

Is insured named as additional insured on G/C's policy? (YES / NO)

**2) If applicant did NOT hire a general contractor and is acting as his own general contractor then please provide the following info:**

Is the applicant in the construction business? ( YES / NO ) If yes please explain in detail his operations and is that business a separate legal entity and name?

Explain: \_\_\_\_\_

If in the construction business, do they have a separate GL policy in place covering that operation? ( YES / NO ) (If yes then will need Certificate of Insurance)

Does applicant use "INSURED" Sub —Contractors? ( YES / NO )

If yes what is the minimum limit of liability allowed? \_\_\_\_\_

Do they request certificates of insurance to prove it? (YES / NO)

Is the insured named as additional insured on the Sub-Contractor's GL policy? (YES / NO)

**3) If not in the construction business and is acting as their own General Contractor, then we will need the following info:**

Has the applicant acted as a General Contractor in the past or is he planning on doing this on a regular basis going forward? \_\_\_\_\_

Does the applicant hire "INSURED" Sub-Contractors? (YES / NO)

If yes what is the minimum limit of Liability allowed? \_\_\_\_\_

Do they request certificates of insurance to prove it? (YES / NO)

Is applicant named as additional insured on the Sub-Contractor's GL policy? (YES / NO)