

SURPLEX UNDERWRITERS, INC.

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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.

I AGREE TO PAY A POLICY FEE OF \$100 ANNUAL OR \$25 PER 3 MONTH TERM TO COVER POLICY ISSUANCE AND PROCESSING COSTS. 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)