

# SURPLEX UNDERWRITERS, INC.

www.surplexuw.com

SURPLEX UNDERWRITERS, PO BOX 998 PORTLAND, ME. 04104, FAX 207-856-0260, PHONE 800-441-1799  
SURPLEX UNDERWRITERS, PO BOX 10477, BEDFORD, NH. 03110, FAX 603-625-4869, PHONE 800-258-6206  
SURPLEX UNDERWRITERS, PO BOX 6070, WARWICK, RI. 02887, FAX 401-738-7589, PHONE 800-334-7580

## VACANT DWELLING / BUILDING APPLICATION

### PRODUCER NAME & ADDRESS

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

( ) NEW BUSINESS ( ) RENEWAL / REWRITE

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

CITY

STATE

ZIP

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

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

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

STREET

CITY

STATE

ZIP

### APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY"

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

A SEPARATE APPLICATIONS REQUIRED FOR EACH LOCATION.

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

### PROPERTY COVERAGE

### LIMIT

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 - LIABILITY NOT AVAILABLE)  
PERSONAL PROPERTY \$ \_\_\_\_\_ (COVERAGE NOT AVAILABLE IF RENOVATING)  
\$ \_\_\_\_\_ (ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES - INDICATE TYPE OF STRUCTURE ABOVE)

TOTAL PROPERTY LIMIT: \$ \_\_\_\_\_

MINE SUBSIDENCE COVERAGE \$ \_\_\_\_\_

LIABILITY COVERAGE (PER DWELLING/ RETAIL UNIT) \$ \_\_\_\_\_ (EACH OCCURRENCE)

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED? [ ] YES [ ] NO

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

IF PURCHASED W1THTN 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 1.5 ACRES: \_\_\_\_\_ NO. OF DWELLING/ RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_ LOG HOME [ ] YES [ ] NO, MOBILE HOME [ ] YES [ ] NO IF YES IS IT ON [ ] FOUNDATION OR [ ] SLAB

DATE VACATED: \_\_\_\_\_ PROTECTION CLASS \_\_\_\_\_  
MONTH / YEAR

**ADDITIONAL BUILDING INFORMATION**

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 THERE ARE ON GOING OR PLANNED RENOVATIONS THEN COMPLETE THE ATTACHED SUPPLEMENTAL \*\*\*\*\*

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.	\$ _____	_____
	\$ _____	_____

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HERRECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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)