

VACANT BUILDING APPLICATION

SURPLEX UNDERWRITERS, INC.
PO BOX 6070
WARWICK, RI 02887
800-334-7580

PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

PRODUCER CODE: _____ RETAILER ID: _____

PERSON TO CONTACT: _____

FEDERAL ID / SOCIAL SECURITY #: _____

TELEPHONE: _____ FACSIMILE: _____

DATE SUBMITTED: _____

APPLICANT INFORMATION

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

APPLICANT: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP
APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] ESTATE [] OTHER (SPECIFY) _____

POLICY TERM [] 3 MONTHS [] 6 MONTHS [] ANNUAL EFFECTIVE DATE _____ TO _____

| Loc | Street | City | State | Zip |
|-----|--------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |

PROPERTY COVERAGE INFORMATION

| Loc | Bldg | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Deductible |
|-----|------|----------------------------------|--------------------|------------------------|-------------|------------|
| | | Building (ACV or Purchase Price) | | | | |
| | | Renovations | | | | |
| | | Personal Property | | | | |

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

| Coverage | | | | | Premium Amount |
|---|--|--|--|--|----------------|
| Property | | | | | \$ |
| General Liability | | | | | \$ |
| Limit: \$ | | | | | \$ |
| Adjustment to Minimum | | | | | |
| Total Premium | | | | | \$ |
| Terrorism Risk Insurance Act Coverage Desired? () Yes () No | | | | | \$ |
| Mine Subsidence (if applicable) | | | | | |
| Policy Fee (\$25-3 mo, \$50-6 mo, \$100-12 mo)/Inspection Fee | | | | | \$ |
| Total with applicable surcharges & fees | | | | | \$ |

GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT? [☐] YES [☐] NO

ARE ALL BUILDINGS 4 UNITS OR LESS? [☐] YES [☐] NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [☐] YES [☐] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [☐] YES [☐] NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [☐] YES [☐] NO DATE OF FORECLOSURE: _____

IS ANY BUILDING CONSTRUCTED ON STILTS? [☐] YES [☐] NO

IS ANY BUILDING INTENDED FOR DEMOLITION? [☐] YES [☐] NO

IS ANY BUILDING PARTIALLY CONSTRUCTED? [☐] YES [☐] NO

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? [☐] YES [☐] NO

IS ANY BUILDING CONSTRUCTED OF LOGS? [☐] YES [☐] NO IS THE RISK A CONDOMINIUM UNIT? [☐] YES [☐] NO

ARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY? [☐] YES [☐] NO

IS THE HEAT MAINTAINED OR THE PIPES DRAINED? [☐] YES [☐] NO

WILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [☐] YES [☐] NO

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

“IF YES”, WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [☐] YES [☐] NO

IS THIS NEW CONSTRUCTION (BUILDERS RISK)? [☐] YES [☐] NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? [☐] YES [☐] NO

IS ANY LOT SIZE MORE THAN 5 ACRES? [☐] YES [☐] NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? [☐] YES [☐] NO

PREMISES INFORMATION

| | |
|--------|--------|
| Loc #: | Bldg#: |
|--------|--------|

| | | | | |
|--|--|--|-----------------------------|---------------|
| Year Built: | Construction: | Square Footage: | No. of Stories: | No. of Units: |
| Actual Cash Value: | Purchase Price (if purchased in past year): | Date Purchased: | Property Inherited? | Date Vacated: |
| Equipped with functioning circuit breakers: | | Type of electrical service: | | |
| Will electrical service be updated? | | If Mobile Home, is it anchored and completely skirted? | | |
| Public Protection Class: | Distance to Fire Hydrant: | Fire District: | Active Sprinkler system: | |
| Active Central Station Fire/Burglar Alarm: | | Prior use of building when occupied: | | |
| 24 Hour Watchman: | Intended disposition of risk (Sell, Rent, Occupy, Seasonal): | | | |
| Does someone check on the property on a regular basis? | | By whom: | How Often? | |
| Describe neighborhood: | | Describe general condition of building: | | |
| If building is undergoing renovations, state the total amount that will be spent to improve the building: \$ | | | | |
| If building is undergoing renovations, check all boxes below that <i>define</i> the work being done | | | | |
| 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): | | |

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

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

| | |
|--------|--------|
| Loc #: | Bldg#: |
|--------|--------|

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: _____

POLICY NUMBER: _____ DEDUCTIBLE: _____ PREMIUM: _____

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS**DATE OF LOSS****AMOUNT PAID****DESCRIPTION OF LOSS**

\$ _____

\$ _____

\$ _____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

RHODE ISLAND FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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)