

Simple Vacant Dwelling/Building Application

General Information

Named Insured:	
Inspection Contact:	Phone:
Location Address:	
Mailing Address:	
Years owning this location:	

Building Information

Year Built:	Sq. Footage:	No. of Stories:	Protection Class:
No. of buildings at this location:			
Type of wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Electrical: Circuit Breakers <input type="checkbox"/> Fuses			
Construction of bldg: <input type="checkbox"/> Frame <input type="checkbox"/> JM <input type="checkbox"/> MNC <input type="checkbox"/> Fire Restrictive <input type="checkbox"/> Other			
Updates (year):	Wiring:	Roof:	Plumbing: HVAC:
Type of Roof:		Does property have a pool?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Protection

Is property locked & secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Alarm:
If alarmed, is it on and operational? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other security measures?		
How frequently is the property visited or inspected?		
Are heat & utilities maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is water shut off? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General

Vacant since:	Prior occupancy:	
Intended plan with property (sale, renovation, rental, etc):		
History of bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage paid to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any liens (other than mortgage) against the property?		
Check all that apply: <input type="checkbox"/> Lapse>12 months <input type="checkbox"/> Arson or fraud <input type="checkbox"/> Woodstove/kerosene heater <input type="checkbox"/> Asbestos/EIFS <input type="checkbox"/> Aluminum/knob & tube		

Valuation

Replacement cost value:	Sq. footage:	ACV value:
Renovation cost:	Renovations being completed:	
Other coverage limits being requested?	Coverage B:	Coverage C: Liability Limits:
Term: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months		

Claims History

Losses in last 3-5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of claim (DOL, details, paid, open or closed):
Does building have current damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:

This application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claims 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or 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.

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Producer's Signature:	Date:
Applicant's Signature:	Date: