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- Evanston Insurance Company
- Essex Insurance Company
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## VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION

(Attach to ACORD 125 – Applicant Information Section)

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Term:  3 mos.  6 mos.  Other: \_\_\_\_\_

### PROPERTY INFORMATION

Risk Address: _____		Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation	
		Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy	
Year built: _____	Year Renovated: _____	Protection class: _____	
Construction Type: _____	Wiring: _____ Roof: _____	Number of stories: _____	
Square Feet: _____	Plumbing: _____ Heating: _____	Prior occupancy: _____	
Intended renovations: _____	<u>Protective Devices</u> <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Sprinklers <input type="checkbox"/> Other (describe below)	Utilities Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Vacant: _____		Building Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason: _____		Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of building: _____	<u>Loss History &amp; Prior/Mortgagee</u> Mortgagee: _____ Prior Carrier: _____ Loss History: _____	Bankruptcy Status: _____	
Describe neighborhood: _____		Unrepaired damage? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)	
How long has the applicant owned property at this location?		Frequency of check-ups: _____	
Is the building historically significant or part of a Historical Register?		Made by whom: _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the applicant has a mortgage, are they current with their mortgage payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant owe any back taxes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### PROPOSED PROPERTY COVERAGE *(For new purchase, please insure for "purchase price excluding land.")*

Existing building Limit: \$ _____	Renovation Limit: \$ _____	Total Building Limit: \$ _____
Deductible Requested: \$ _____	Coinsurance: _____%	
Coverage: <input type="checkbox"/> Basic <input type="checkbox"/> Basic X VMM <input type="checkbox"/> Other: _____		

Other Pertinent Information: \_\_\_\_\_

**If an ACORD application is included, only answer questions not included on ACORD application.**