

CATLIN SPECIALTY INSURANCE COMPANY



VACANT BUILDING SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Building Information:

LOC	<u>CONSTRUCTION</u>	SQ. FEET	AGE	NO. OF STORIES	VACANT SINCE (MO/YR)
No. 1					/
No. 2					/
No. 3					/

		UTILITIES THAT ARE STILL TURNED ON		
LOC	<u>PRIOR OCCUPANCY</u>	GAS	ELECTRIC	WATER
No. 1				
No. 2				
No. 3				

If water is on, what steps are being taken to avoid frozen pipes? _____

BUILDING SECURITY ("X" applicable)						NEIGHBORHOOD ("X" applicable)				
LOC	Boarded	Locked	Fenced	24 Hr Security	Alarmed	Residential	Commercial	Industrial	Rural	In Remote or High Crime Area?
No. 1										
No. 2										
No. 3										

1. What policy terms are desired? 3 month 6 month 12 month

2. How long has the Applicant owned the property? _____

3. What is the reason for the vacancy? _____

4. Any tax liens on the property? Yes No Has the risk filed for bankruptcy? Yes No

5. Is there any existing damage to the building? Yes No

If yes, explain: _____

6. Are regular checks made of premises? Yes No

If so, how often? _____

7. Is building being demolished or renovated? Yes No

a. describe work to be done: _____

b. expected start date: _____ expected completion date: _____

c. who is performing the work? Licensed General Contractor Applicant acting as GC Other

d. are certificates of insurance obtained from contractors or subcontractors? Yes No

e. Is there a contract containing a hold harmless clause holding applicant harmless? Yes No

f. If applicant is acting as the General Contractor, is the applicant named as an additional insured on the subcontractor's policy? Yes No

is scaffolding owned, rented or erected by the applicant? Yes No

g. What is the total amount of the renovation\$ _____

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____