



3700 Forest Dr, Suite 405, Columbia, SC 29204
800-738-4800 / Fax 803-790-4827

VACANT/
RENOVATION/
BUILDERS RISK
APPLICATION

Applicant's Name:
Mailing Address:
Location of Risk:
Proposed Effective Date: From To
Inspection Contact Name: Telephone Number:

PROPERTY SECTION

Table with 5 columns: Exposure, Amount Requested, Coinsurance %, * Valuation ACV, AOP Deductible. Rows include Building #1, Building #2, and Other.

(*RCV with prior approval only.)

PERILS: Basic Broad Special (Excluding Theft)
WIND DEDUCTIBLE: \$
Construction: Protection Class: Square Footage:
Year Built: No. Stories: Protective Devices:
Fire Alarm: Yes No If yes, type: Sprinklered: Yes No

IS PROPERTY (check all applicable):

- (A) Vacant (B) New Construction/Builders Risk * (C) Renovation *
* (Building amount of new construction and/or renovation should be based on completed value.)
* Estimated dated of completion
(D) New Purchase (Not applicable if no prior occupancy) If previously vacant, vacant since
(E) Residential (F) Commercial (G) Boarded
(H) Locked (I) Fenced (J) Alarmed

- 1) How long has building been vacant? 0-6 Months 7-12 Months 12 +Months
2) Has the property to be insured been continuously covered by a property insurance policy since becoming vacant? Yes No
3) Is the building secured against unauthorized entry? Yes No
4) How often is the building inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
5) Is there existing damage to the building to be insured? Yes No If Yes, please contact your underwriter.
6) What is the intended use of building(s)
7) Describe extent of renovation, if any
8) During the last three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?
Yes No If yes, explain:
9) Is the applicant currently involved in bankruptcy proceedings? Yes No
10) Is the applicant subject to mortgage foreclosure proceedings or tax liens? Yes No

GENERAL LIABILITY SECTION (complete only of general liability purchased)

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify)_____

| LIMITS OF LIABILITY REQUESTED | |
|--|--------------------------------|
| General Aggregate | \$ |
| Products & Completed Operations Aggregate | \$ Excluded |
| Personal & Advertising Injury | \$ Excluded |
| Each Occurrence | \$ |
| Fire Damage (any one fire) | \$ Excluded |
| Medical Expense (any one person) | \$ |
| Other Coverages, Restrictions, and/or Endorsements | \$ BI / PD |
| | Deductible \$ 500 per claimant |

Additional Insured _____

Is there a swimming pool? Yes No If yes, please completed the following: Above Ground Below Ground
 Fenced - (Give height & type) _____ Diving Board - (Height) _____ Slide - (Height) _____

Previous Insurer and Loss History: Indicate premium and losses for the past three years. Describe all losses.

Have there been any insured or uninsured losses or claims at the property to be insured? Yes No

If Yes, please describe losses or claims in detail below:

| Year | Company | Policy # | Premium | Losses Paid | Losses Reserved | Description |
|------|---------|----------|---------|-------------|-----------------|-------------|
| | | | | | | |
| | | | | | | |

Please identify all Mortgagees or Loss Payees: _____

This section must be completed and signed:

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof, I understand that coverage is not in force until bound with a Company Underwriter at Preferred Specialty, LLC.

Applicant's Signature _____ Applicant's Phone # _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____