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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

Exposure	Amount Requested	Coinsurance %	* Valuation ACV	AOP Deductible
Building/Dwelling	\$			\$
Business Personal Property/Contents	\$			\$
Other:	\$			\$

(*RCV with prior approval only.)

PERILS: Basic Broad Special (Excluding Theft)

WIND DEDUCTIBLE: \$ _____

Construction: _____ Protection Class: _____ Square Footage: _____ No. Stories: _____

Year Built: _____ Updated (Year): Roof _____ Wiring _____ HVAC _____ Plumbing _____

Active Central Station 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 date of completion _____

(D) New Purchase

(E) Residential

(F) Commercial

(G) Boarded

(H) Locked

(I) Fenced

- How long has building been vacant? _____
- Has the property to be insured been continuously covered by a property insurance policy since becoming vacant? Yes No
- Is the building secured against unauthorized entry? Yes No
- How often is the building inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
- Is there existing damage to the building to be insured? Yes No If Yes, please contact your underwriter.
- What is the intended use of building(s) _____
- Describe extent of renovation, if any _____
- 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: _____
- Is the applicant currently involved in bankruptcy proceedings? Yes No
- 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

Identify Mortgagee or Loss Payee and Address: _____

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 Name _____

Applicant's Email Address _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's Phone # _____

Agent's Email Address _____

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

..... Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date