

VACANT BUILDING SUPPLEMENTAL

Applicant's Name: _____

Location Address: _____

Building Information

| Location | Construction | Age | # of stories | Vacant Since |
|----------|--------------|-----|--------------|--------------|
| No. 1 | | | | |
| No. 2 | | | | |
| No. 3 | | | | |

Utilities that are still turned on

| Location | Prior Occupancy | Gas | Electric | Water |
|----------|-----------------|-----|----------|-------|
| No. 1 | | | | |
| No. 2 | | | | |
| No. 3 | | | | |

Square Footage

| Current Building Use | Location 1 | Location 2 | Location 3 |
|--|------------|------------|------------|
| Vacant Area | | | |
| Describe any areas occupied/leased to others, if any (show area for each): | | | |
| Total Building Square Footage | | | |

Building Security

("X" those applicable)

Neighborhood

("X" those applicable)

| Location | Boarded | Locked | Fenced | 24 Hr Security | Alarmed | Residential | Commercial | Industrial | Rural |
|----------|---------|--------|--------|----------------|---------|-------------|------------|------------|-------|
| No. 1 | | | | | | | | | |
| No. 2 | | | | | | | | | |
| No. 3 | | | | | | | | | |

Plans for the building(s)? _____

Is a building to be demolished or remodeled? ___No ___Yes If yes, please answer the following:

Describe work to be done: _____

Expected start date: _____ Expected completion date: _____

Who is performing the work? ___ Licensed Contractor ___ Applicant acting as General Contractor
 ___ Other _____

Are certificates of insurance obtained from contractors or subcontractors? ___No ___Yes

Is a contract containing a hold harmless clause holding applicant harmless obtained from the contractor?
 ___No ___Yes

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____