

**VACANT BUILDING
APPLICATION
CAUSES OF LOSS – BASIC FORM**



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PRODUCER INFORMATION

NEW BUSINESS RENEWAL/ REWRITE
Previous Policy No. _____

PRODUCER NAME AND ADDRESS:

JHF PRODUCER CODE: 1608
Logic Underwriters, Inc
PO Box 600249
Dallas, TX 75360-0249
Phone (800) 969-5975 / Fax (888) 633-0340

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION OTHER (SPECIFY) _____

LOCATION ADDRESS: _____

STREET CITY

APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY" STATE ZIP

POLICY TERM: 3 MONTHS 6 MONTHS 12 MONTHS

A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION.

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.

PROPERTY COVERAGE

LIMIT

BUILDING \$ _____ (ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS \$ _____ (TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
BRAND NEW CONSTRUCTION \$ _____ (COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
PERSONAL PROPERTY \$ _____ (COVERAGE NOT AVAILABLE IF RENOVATING)
\$ _____ (ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)

TOTAL PROPERTY LIMIT: \$ _____

MINE SUBSIDENCE COVERAGE \$ _____

LIABILITY COVERAGE (PER DWELLING/
RETAIL UNIT) \$ _____ (EACH OCCURRENCE)

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED? YES NO

HOW LONG HAS APPLICANT OWNED BUILDING? _____ ACTUAL CASH VALUE \$ _____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____ / _____ / _____
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? YES NO IF "YES", HOW OFTEN? _____

BY WHOM? _____ IS BUILDING SECURED? YES NO NO. OF STORIES: _____

STATE LOT SIZE, IF MORE THAN 2.5 ACRES: _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ DATE VACATED: _____ / _____ PROTECTION CLASS: _____
MONTH / YEAR

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? YES NO

SEE REVERSE SIDE

F347 (07/03)

ADDITIONAL BUILDING INFORMATION

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO IS THERE A PARKING LOT? [] YES [] NO
 IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [] YES [] NO

"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ _____

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- [] REPLACING BATHROOM FIXTURES [] REPLACING ROOF [] REPLACING WINDOWS [] SIDING OR PAINTING EXTERIOR
- [] REPLACING KITCHEN CABINETS [] REPLACING FLOORS [] REPLACING EXTERIOR DOORS [] GUTTING THE PREMISES
- [] REPLACING PLUMBING/ HEATING / ELECTRICAL [] PAINTING [] OTHER (SPECIFY): _____

RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, **NOT** NEW CONSTRUCTION.

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

YEAR	AMOUNT	DESCRIPTION OF LOSSES - DAMAGES REPAIRED? [] YES [] NO
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LOSSES PAST 3 YEARS*:	\$ _____	_____
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*INDICATE "NONE", IF NO LOSSES.	\$ _____	_____
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	\$ _____	_____
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THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date

Original Signature of Applicant (Required)

Official Title (If Applicable)

Date