Athena Insurance and Financial Services Phone (209) 223-1870 Fax (209) 223-3227

VACANT PROPERTIES APPLICATION

Named Insured:		
Mailing Address:	_	
GENERAL INFORMATION		
1. Coverage Desired: ☐ Monoline Liability ☐ Monoline Property ☐ Package		
2. Policy Term: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ Other:		
3. How long has applicant owned property at this location?		
4. How long has building been vacant?		
5. Is building completely vacant? If no please describe:	Yes ☐	No □
6. Is this a new purchase?	Yes □	No □
If so, what is the purchase price of property?		
7. What is the reason for vacancy?		
8. What is the intended disposition of property		
☐ Sell ☐ Rent ☐ Occupy ☐ Demolition ☐ Other:		
g. What was the prior occupancy?		
10. What is the intended type of occupancy? (i.e.: single/multiple; retail/industrial)		
11. Describe neighborhood (IE: Rural, Suburban, Commercial, Urban)		
12. Is there a mortgagee on the property?	Yes □	No □
13. What is the expected length of vacancy?		
14. How often is building checked?	Yes □	No □
By Whom?		
15. Is there a mortgagee on the property?	Yes ☐	No □
16. Are any renovations planned for this location?	Yes □	No □
If yes, please describe:		
17. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years?	Yes □	No □

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VACANT APPLICATION

PROPERTY INFORMATION: 1. Cause of loss: □ Broad ¬ Special ☐ Basic ☐ Excluding Theft ☐ Including Theft ☐ Excluding Sprinkler Leakage ☐ Excluding Vandalism 2. Description of Premises: Location of Property Year Built Construction # of Stories Square Updates to Building Footage Plumbing? Electrical? Heating? Roof? 3. Actual Cash Value of the Property? 4. Describe general condition of property? 5. How is building secured from unauthorized entry? 6. Any functional Alarm System(s) (Burglary, Fire)? No □ Yes \neg 7. Are utilities operational? Yes □ No □ 8. Is Building sprinklered? Yes \neg No □ If yes is system operational? Yes \neg No □ 9. Is the building damaged (Fire, wind damage, etc)? Yes \neg No □ GENERAL LIABILITY INFORMATION: 1. Limits Desired: ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 2. Please describe the Insured premises: Describe any specific hazards: (water exposures, outside storage, etc.) Is there a swimming pool on the premises? Yes □ No □ 3. Is the building on a piece of land that is greater than 5 acres? Yes □ No □

If yes how big is the land: _

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VACANT APPLICATION

Remarks:		
The applicant agrees, represents and warrants that the including all statements, information and documents accordants have been suppressed, omitted or misstated. Failure whether by omission or suppression, or any misreprese relating to the application, renders coverage for any claim(ompanying or relating to the application to fully disclose the information recentation in the statements, information	ation are accurate and complete and no quested in the application for insurance, ation and documents accompanying or
Signature of Applicant*:	Title:	
		Date:
Athena Insurance and Financial Services 205 Court Street, Jackson CA 95642 Broker CA #0588228		

National Producer #2709340

*Signing this application does not bind the applicant or the company to complete the insurance.

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