

Named Insured: _____

Mailing Address: _____

GENERAL INFORMATION

1. Coverage Desired: <input type="checkbox"/> Monoline Liability <input type="checkbox"/> Monoline Property <input type="checkbox"/> Package	
2. Policy Term: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
6. Is this a new purchase? If so, what is the purchase price of property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. What is the reason for vacancy?	
8. What is the intended disposition of property <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy <input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____	
9. 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 <input type="checkbox"/> No <input type="checkbox"/>
13. What is the expected length of vacancy?	
14. How often is building checked? By Whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is there a mortgagee on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Are any renovations planned for this location? If yes, please describe: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VACANT APPLICATION

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

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.