

Vacant Property Supplement

in addition to Acord Property Application

General Information

Named Insured _____			
Principal Owners _____			
Percent of Building Vacant _____	Age of building _____		
Reason for Vacancy _____			
Date of last Occupancy _____			
Prior Occupancy _____			
Intended use _____			
Expected Date of Occupancy _____			
Any pending appeals to change property zoning?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><i>Renovations are not permitted during the policy period.</i></p> <p><i>Note if renovations are scheduled please contact our Inland Marine Department.</i></p>			
Are Utilities operational ?	Gas	Water	Electric
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Security

Building				If Alarmed specify Type _____
Boarded	Locked	Fenced	Alarmed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood				
Industrial	Residential	Commercial	Rural	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency of building inspection _____		Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>

Valuation

RCV _____	Square Footage _____
ACV _____	
Purchase Price _____	Date of Purchase _____

Financial

Are all real estate taxes paid?	Yes ___ No ___
Are all Mortgage obligations fully paid to date ?	Yes ___ No ___
Any liens (other than mortgage) against the property?	Yes ___ No ___
Is any insured, insured affiliate, or principal in bankruptcy or currently in the process of filing for bankruptcy?	Yes ___ No ___

Loss Information

Any losses at this property in the past 36 months?	Yes ___ No ___
Any losses at any other properties owned or managed by the insured in the past 36 months?	Yes ___ No ___

The above information is material to WKF&C. Please reference the Acord application re false or fraudulent information.

Applicant Signature _____ Producer Signature _____