



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company

- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

VACANT BUILDING SUPPLEMENT

(To be attached to ACORD applications)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Building Information

Location	Construction	Age	Number of Stories	Vacant Since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant area			
Describe any areas occupied or 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 Hour Security	Alarmed	How often do you see the building?	Residential	Commercial	Industrial	Rural
No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant has a mortgage, are they current with their mortgage payments? Yes No

Does the applicant owe any back taxes? Yes No

Plans for the building(s): _____

Is a building to be demolished or remodeled? Yes No If yes, please answer the following:

Describe the work to be done: _____

Expected start date: _____ Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor
 Other: _____

Will applicant occupy the building upon completion? Yes No

Are certificates of insurance obtained from contractors or subcontractors? Yes No

Is a contract containing a hold harmless clause holding applicant harmless obtained from the contractor? Yes No

Estimated cost for renovation/construction operations: Next 12 months: \$ _____ Entire project: \$ _____

If the applicant is acting as the general contractor:

- (1) Does applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant? Yes No
- (2) Is applicant named as an additional insured on the subcontractor's policy? Yes No
- (3) Is scaffolding owned, rented or erected by the applicant? Yes No