



DeCotis Insurance Associates, Inc.

Excess, Surplus & Specialty Lines Insurance
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www.decotisinsurance.com

Vacant Property Application

Applicant Name:
Mailing Address:
Location of Risk:
Inspection Contact: Phone Number: () -

Policy Term: 3 Month 6 Month 12 Month

Percentage of Risk Vacancy: %
Type of Last Occupancy:
Date of Last Occupancy: / /
Year Built: Protection Class:
Stories: Construction:
Square Feet:
Condition of Risk: Good Fair Poor

Reason for Vacancy:
Intended Use:
Expected Date of Occupancy: / /
Updates (provide year):
Wiring:
Roof:
Plumbing:

Table with 4 columns: Boarded, Locked, Fenced, Alarmed

Table with 4 columns: Industrial, Residential, Commercial, Rural

Central Station Fire: Yes No
Central Station Burglar: Yes No
Sprinklered: Yes No

Table with 3 columns: Daily, Weekly, Monthly

Table with 3 columns: Electric, Gas, Water

Inspector:

- Prior Carrier: Expiration Date: / /
Has Policy been cancelled or non-renewed? Yes No

If yes, please provide explanation:

- Describe unrepaired damage, (if any):
Have there been any losses in the past 3 years: Yes No

Table with 4 columns: Year, # of Claims, Amounts, Description

Is Risk being or to be Renovated? Yes No Length of Renovation? Year(s) Month(s)

Table with 2 columns: Existing Building, Cost of Renovation, Type of Renovation; Coinsurance, Total Building Limit

Other Underwriting Information:

Applicant's Signature: Date
Producer's Signature: