



# Essex Insurance Company

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## VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION (Attach to Accord 125 – Applicant Information Section)

GENERAL INFORMATION		
Name:		Mailing Address:
Eff. Date:	Exp Date:	Term: <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> Other: _____

PROPERTY INFORMATION		
Risk Address:		Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy
Year Built:	Year Renovated:	Protection Class:
Construction Type:	Wiring: Roof:	Number of Stories:
Square Feet:	Plumbing: Heating:	Prior occupancy:
Intended renovations:	Protective Devices	Utilities Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time Vacant:	<input type="checkbox"/> Central Station Fire Alarm	Building Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	<input type="checkbox"/> Central Station Burglar Alarm	Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of building:	<input type="checkbox"/> Sprinklers	Bankruptcy Status:
Describe Neighborhood:	Loss History & Prior/Mortgagee	Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe Below)
	Mortgagee:	Frequency of check-ups:
	Prior Carrier:	Made by whom:
	Loss History:	
How long has the applicant owned property at this location:		
Is the building historically significant or part of a Historical Register: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPOSED PROPERTY COVERAGE *For new purchase, please insure for "purchase price excluding land".*		
Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		

**Other Pertinent Information:**

**\*If an accord application is included, only answer questions not included on accord application.**

Producer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_