

# VACANT BUILDING APPLICATION



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## PRODUCER INFORMATION

 NEW BUSINESS  RENEWAL/ REWRITE

Previous Policy No. \_\_\_\_\_

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS: \_\_\_\_\_

PRODUCER CODE: \_\_\_\_\_ RETAILER ID: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

## APPLICANT INFORMATION

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

APPLICANT IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  ESTATE  OTHER (SPECIFY) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

**ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED**

Loc #	Bldg #	Limit	Coverage	
		\$	Building	(ACV or Purchase Price , if purchased within past year)
		\$	Renovations	(Total amount that will be spent to improve building)
		\$	Brand New Construction	(Completed Value when finished—GL coverage not available)
		\$	Personal Property	(Coverage not available if renovating)
		\$	Total Location Limit	
		\$	Deductible	

Coverage					Premium Amount
Property					\$
General Liability	Limit:	\$			\$
Adjustement to Minimum					
Total Premium					\$
Terrorism Risk Insurance Act Coverage Desired?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	\$
Mine Subsidence (if applicable)					
Policy Fee/Inspection Fee					\$
Total with applicable surcharges & fees					\$

HOW LONG HAS APPLICANT OWNED BUILDING? \_\_\_\_\_ ACTUAL CASH VALUE \$ \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEARWAS PROPERTY INHERITED?  YES  NO DATE VACATED: \_\_\_\_\_ (MO/YR)

SQ. FOOTAGE: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ NO. OF DWELLING / RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_ LOG CONSTRUCTION?  YES  NO

CONSTRUCTED ON STILTS?  YES  NO EQUIPPED WITH FUNCTIONING CIRCUIT BREAKERS?  YES  NO

PROTECTION CLASS: \_\_\_\_\_ DISTANCE TO FIRE HYDRANT: \_\_\_\_\_ FIRE DISTRICT: \_\_\_\_\_

IS THE RISK A CONDOMINIUM UNIT?  YES  NO IS BUILDING SECURED?  YES  NO

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED?  YES  NO

IS BUILDING PARTIALLY CONSTRUCTED?  YES  NO IS THE BUILDING LISTED ON A HISTORICAL REGISTER?  YES  NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM?  YES  NO IS THERE A 24 HOUR WATCHMAN?  YES  NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED?  YES  NO IS THERE AN ACTIVE SPRINKLER SYSTEM?  YES  NO

PRIOR USE OF BUILDING WHEN OCCUPIED? \_\_\_\_\_

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY, SEASONAL): \_\_\_\_\_

ARE REGULAR CHECKS MADE TO PREMISES?  YES  NO IF "YES", HOW OFTEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME?  YES  NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS?  YES  NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE?  YES  NO DATE OF FORECLOSURE: \_\_\_\_\_

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES?  YES  NO IS LOT SIZE MORE THAN 5 ACRES? \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.?  YES  NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_

DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_

**WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM?**  YES  NO

**"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK?**  YES  NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ \_\_\_\_\_

**CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE:** (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

REPLACING BATHROOM FIXTURES  REPLACING ROOF  REPLACING WINDOWS  SIDING OR PAINTING EXTERIOR

REPLACING KITCHEN CABINETS  REPLACING FLOORS  REPLACING EXTERIOR DOORS  GUTTING THE PREMISES

REPLACING PLUMBING/ HEATING / ELECTRICAL  PAINTING  OTHER (SPECIFY): \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.**

**IF APPLICABLE:** STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE?  YES  NO

**MORTGAGEE OR LOSS PAYEE INFORMATION**

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

**DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS**

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED?  YES  NO

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**FRAUD STATEMENT:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.**

\_\_\_\_\_  
**Original Signature of Producer (Required)**

\_\_\_\_\_  
**Original Signature of Applicant (Required)**

Date \_\_\_\_\_

\_\_\_\_\_  
**Official Title (If Applicable)**

\_\_\_\_\_  
**Date**