

- Vacant Building (w or w/o Reno)
- Builder's Risk
- Seasonal Dwelling
- Tenant/Owner Occupied Dwelling



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UNITED NATIONAL GROUP®

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CANNOT BIND BEFORE A QUOTE IS GIVEN

NEW RENEWAL OF: _____

Indiana Surplus Lines Insurance, Inc. Code: 3084
223 W. Ontario Drive
Muncie, Indiana 47303

APPLICANT INFORMATION

Causes of Loss – Basic Form

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED. (Use N/A when applicable)

APPLICANT: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] OTHER (SPECIFY) _____

LOCATION ADDRESS: _____

STREET CITY STATE ZIP

COUNTY _____ **A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION.**

ATTACH ORIGINAL CURRENT PHOTOS OF FRONT

AND REAR FOR EACH STRUCTURE TO BE INSURED.

PROPERTY COVERAGE

LIMIT

BUILDING \$ _____ (ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
 RENOVATIONS ON BUILDING \$ _____ (TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
 BRAND NEW CONSTRUCTION \$ _____ (COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
 PERSONAL PROPERTY \$ _____ (COVERAGE NOT AVAILABLE IF RENOVATING)
 OTHER STRUCTURES (type) \$ _____ (ACV OR PURCHASE PRICE OF OTHER STRUCTURE)
 OTHER STRUCTURES - RENOVATIONS \$ _____ (TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE STRUCTURE)

TOTAL PROPERTY LIMIT: \$ _____

LIABILITY COVERAGE (PER OCCURRENCE) \$ _____

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED? [] YES [] NO

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

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____ / _____ / _____
 MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? _____ REASON FOR VACANCY? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] NO IF "YES", HOW OFTEN? _____ BY WHOM? _____

IS BUILDING [] SECURED [] LOCKED [] BOARDED UP [] ALARMED UTILITIES OPERATIONAL? [] YES [] NO

NO. OF STORIES: _____ STATE LOT SIZE IF MORE THAN 1.5 ACRES: _____ NO. OF DWELLING / RETAIL UNITS: _____

YEAR BUILT: _____ CONSTRUCTION TYPE: _____ DATE VACATED: _____ / _____ PROTECTION CLASS: _____

MONTH/YEAR

DO NOT WRITE IN THIS BOX!! FOR COMPANY USE ONLY! DO NOT WRITE IN THIS BOX!!

WE HAVE BOUND THE FOLLOWING RISK: [] NEW POLICY [] RENEWAL

ASSIGNED POLICY NO: _____

PREVIOUS POLICY NO: _____

EFFECTIVE DATE: _____ / _____ / _____
 MM DD YY

EXPIRATION DATE: _____ / _____ / _____
 MM DD YY

PROPERTY PREMIUM: \$ _____

LIABILITY PREMIUM: \$ _____

BOUND BY: _____

DATE: _____

ADDITIONAL BUILDING INFORMATION

IS THE DWELLING A MOBILE HOME? [] YES [] NO SKIRTED? [] YES [] NO TIED DOWN? [] YES NO []

IS THERE A POOL, POND, LAKE, RIVER, OR TRAMPOLINE ON THE PREMISES? [] YES [] NO

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____
IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

IS THERE A PARKING LOT? [] YES [] NO

IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

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

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO

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

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 RENOVATE THE BUILDING: \$ _____

TO RENOVATE OTHER STRUCTURES: \$ _____

RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION
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): _____

PROVIDE YEAR OF UPDATES: ROOF _____ WIRING _____ PLUMBING _____ HEATING _____.

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: _____

	<u>YEAR</u>	<u>AMOUNT</u>	<u>DESCRIPTION OF LOSSES</u> – DAMAGES REPAIRED? [] YES [] NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE" IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

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.

Agency / Address / Phone / Fax

_____ / _____

Signature of Applicant (Required IF BINDING)

Official Title (If Applicable)

Date

Required of Agent: State 3 companies who refused to write this risk: (include NAIC numbers)

1. _____
2. _____
3. _____