

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

Underwritten by
DIAMOND STATE INSURANCE COMPANY ©
 A Member of the United National Group ©
 P.O. Box 3016 / Evanston, IL 60204
 Telephone (800)310-3351

CANNOT BIND BEFORE A QUOTE IS GIVEN

NEW RENEWAL OF: _____

Indiana Surplus Lines Insurance, Inc. Code: 3084
 223 W. Ontario Drive
 Muncie, IN 47303
 Phone#(800)786-6930 Fax#(765) 287-6932

Agent/Name and Address: _____ → Agent Name _____
 Producer Name _____
 Phone # _____ Fax# _____

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 [] 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

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: _____

ARE THERE ANY HAZARDS ON THE PROPERTY? (abandoned appliances, swings, trampolines, treehouse, vehicles, debris, 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: _____

LOSSES PAST 3 YEARS*:	YEAR	AMOUNT	DESCRIPTION OF LOSSES - DAMAGES REPAIRED? [] YES [] NO
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

*INDICATE "NONE" IF NO LOSSES.

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER DIAMOND STATE INSURANCE CO, INC. ISSUES A WRITTEN BINDER CONFIRMATION.

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.

Signature of Producer (Required)

Date _____

Signature of Applicant (Required IF BINDING)

Official Title (If Applicable)

Date _____