

SENECA INSURANCE COMPANY, INC. VACANT PROPERTY SUPPLEMENTAL APPLICATION

Producer:	
Applicant Name:	

Location Address: _____

How long has the property been vacant? _____

Describe Prior Occupancy: _____

Reason for Vacancy: _____

Intended Date of Occupancy: _____

Is building completely vacant? Yes No

Vacant Area (sqft): _____

Have there been any recent evictions of tenant(s) (in last 60 days)? Yes No

Area Occupied / Leased to Others: _____

Total Building Area: _____

New Purchase? Yes No

If yes, Purchase Price (Less Land Value): \$ _____

Date of Purchase: _____

Any contents, furniture, supplies, equipment left in building? Yes No

If yes, please describe: _____

Intended Disposition:

Occupy

Rent/Lease

Sale Sales Price: \$ _____

Renovation Cost of Renovation: \$ _____

Demolition

If Renovation, describe the Scope of Work, Start Date, if renovation/construction has already started and is stalled:

How frequently is the bldg. inspected (**exterior & interior**)? Daily Weekly Monthly Other:

By Whom? _____ Details: _____

Operating Security:

Central Station Burglar Alarm Exterior Boarded Up 24-hr Watchman Making Rounds

Local Burglar Alarm Perimeter Fencing On-site Guard 24/7

Exterior Openings Locked & Secured Exterior Lighting Drive-by Security

Other: _____

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Fire Protection:

Automatic Sprinkler System: Active Non-Active 100% Partially Sprinklered: _____ %

Central Station Fire Alarm Active Non-Active

Have all utilities been turned off? Yes No

If no, indicate which utilities are maintained in service: Electric Gas Water Steam

& What portion of property will have utilities on? _____

Heat maintain in bldg. to 55° F or greater? Yes No

If heat is NOT maintained, what is being done to avoid frozen pipes, sprinkler leakage & water damage?

Where are the air conditioning unit(s) located? _____

Are there any building code violations? If yes, please specify: Yes No

If habitational property, has the building been cited for lack of habitability? Yes No

Is the bank foreclosing on property? Yes No

Are all real estate taxes fully paid to date? Yes No

Has the applicant had prior coverage? If no, describe why: Yes No

Is the applicant or any affiliate of the applicant in bankruptcy or currently in the process of filing for bankruptcy? Yes No

Has the bankruptcy been approved by the court? Yes No

Is the property in receivership? Yes No

PLEASE ATTACH 3 YEARS WORTH OF LOSS INFORMATION, IF APPLICABLE.

Applicant's Signature: _____ Title: _____ Date: _____
(OWNER, PRINCIPAL, OR PARTNER)

Producer's Signature: _____ Date: _____