

## EVERGREEN INSURANCE MANAGERS INC EVERGREEN INDEPENDENT INSURANCE MARKETING

CA License #0G35858

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## VACANT BUILDING SUPPLEMENT (Attach to Acord Application)

www.evergreeninsmgrs.com

1. APPLICANT INFORMATION			
Applicant's Name			
DBA			
Inspection Contact Ph	n Email		
2. GENERAL INFORMATION			
	Loc/ Bldg	Loc/ Bldg	Loc/ Bldg
What was the prior occupancy of the building?			
Reason for vacancy?			
How long has the building been vacant?			
How long has the applicant owned the property?			
Is the building completely vacant?	Yes No	Yes No	Yes No
Are regular checks made on the premises?	Yes No	Yes No	Yes No
If "yes", how often?			
Is this property on the Historical Registry?	Yes No	Yes No	Yes No
What is the acreage of the land?			
Any water exposure on the property?	Yes No	Yes No	Yes No
If "yes", please describe:			
Any oil or gas wells?	Yes No	Yes No	Yes No
Any hazardous materials exposure?	Yes No	Yes No	Yes No
The building is:	Locked & Secure	Locked & Secure	Locked & Secure
The building is:	Boarded Up	Boarded Up	Boarded Up
The building is:	Alarmed	Alarmed	Alarmed
Number of stories?			
Has the applicant or majority partner filed for			
bankruptcy withing the past five years?	Yes No	Yes No	Yes No
Describe the overall condition of the property			
and any existing damage (fire damage,			
storm damage, etc):			
Will the building be undergoing renovations or demolition during this policy term?	□ vos □ No	□ vos □ No	□ Vos □ No
If "yes", what will the work be:	Yes No  Remodel Only	Yes No Remodel Only	Yes No
if 'yes', what will the work be:	Structural Work	Structural Work	Structural Work
	Demolition	Demolition	Demolition
What will be the future use of this building?	Residential	Residential	Residential
What will be the future use of this building?	Commercial	Commercial	Commercial
	Commercial	Commercial	Commercial
If recidential, what type and total number of	<u> </u>	Ш	<b>Ш</b>
If residential, what type and total number of units per type?	Apts	Apts	Apts
units per type:	Condos	Condos	Condos
	Homes	Homes	Homes
Expected start date:			
Estimated project cost:			
project cost.		-	

	Loc/ Bldg	Loc/ Bldg	Loc / Bldg
Who will be performing the work?	Licensed & Insured	Licensed & Insured	Licensed & Insured
	General Contractor	General Contractor	General Contractor
	Applicant acting as	Applicant acting as	Applicant acting as
	General Contractor	General Contractor	General Contractor
If applicant is hiring a licensed & insured General Contracto	r:		
Will the applicant obtain a written contract			
from the GC which includes a hold-harmless			
agreement in favor of the applicant?	Yes No	Yes No	Yes No
Will the applicant require the GC to have equal limits and name the applicant as Add'l Insd?	☐ Yes ☐ No	Yes No	☐ Yes ☐ No
If applicant is acting as the General Contractor:			
Will the applicant obtain a written contract			
from all subcontractors which include a hold-			
harmless agreement in favor of the applicant?	Yes No	Yes No	Yes No
Will the applicant require all subcontractors to			
have equal limits and name the applicant			<u></u>
as Add'l Insd?	Yes No	Yes No	Yes No
The Applicant, Agent and/or Broker represents that the abo	ove statements and facts	are true and that no m	aterial facts have been
suppressed or misstated. Completion of this form does not bir	nd coverage or commit the	Company to policy issuar	nce.
NOTICE TO APPLICANTS (EXCEPT CO & NY):			
Any person who knowingly presents a false or fraudulent claim	n for payment of a loss or b	enefit or knowingly pres	ents false information in
an application for insurance may be guilty of a crime and may	be subject to fines or confir	nement in prison.	
Applicant's Signature	Producer's Signat	ure	
Printed Name	Agency Name		
Date Signed	Date Signed		