



VACANT BUILDING SUPPLEMENT (Attach to Acord Application)

1. APPLICANT INFORMATION

Applicant's Name
DBA
Inspection Contact Ph Email

2. GENERAL INFORMATION

Form with three columns for location information (Loc ___ / Bldg ___) and various questions with checkboxes for Yes/No and dropdowns for details.

Who will be performing the work?

Loc ___ / Bldg ___

Licensed & Insured
General Contractor

Applicant acting as
General Contractor

Loc ___ / Bldg ___

Licensed & Insured
General Contractor

Applicant acting as
General Contractor

Loc ___ / Bldg ___

Licensed & Insured
General Contractor

Applicant acting as
General Contractor

If applicant is hiring a licensed & insured General Contractor:

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
as Add'l Insd?

Yes No Yes No Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature _____
Printed Name _____
Date Signed _____

Producer's Signature _____
Agency Name _____
Date Signed _____