



14505 North Hayden Road Ste 305 Scottsdale AZ 85260  
 Phone - 800-948-1129 Fax Quote - 402-342-0096  
 Email Quotes – [quotes@iatspecialty.com](mailto:quotes@iatspecialty.com)

**VACANT BUILDING SUPPLEMENTAL**  
 (Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**1) Building Information:**

| Location                                     | # 1   | # 2   | # 3   | # 4   |
|--|-------|-------|-------|-------|
| a. Construction                              | _____ | _____ | _____ | _____ |
| b. Age                                       | _____ | _____ | _____ | _____ |
| c. No. of Stories                            | _____ | _____ | _____ | _____ |
| d. Vacant Since                              | _____ | _____ | _____ | _____ |
| e. Prior Occupancy                           | _____ | _____ | _____ | _____ |
| f. Gas                                       | _____ | _____ | _____ | _____ |
| g. Electric                                  | _____ | _____ | _____ | _____ |
| h. Water                                     | _____ | _____ | _____ | _____ |
| i. Utilities on or off                       | _____ | _____ | _____ | _____ |
| j. Intended Use                              | _____ | _____ | _____ | _____ |
| k. Square Foot                               | _____ | _____ | _____ | _____ |
| l. Sq Ft leased or<br>or occupied to others. | _____ | _____ | _____ | _____ |
| If any please describe _____                 |       |       |       |       |

**2) Building Security**

| Location            | # 1                          |                             | # 2                          |                             | # 3                          |                             | # 4                          |                             |
|---------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Residential      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Commercial       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Industrial       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Rural            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Locked           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Fenced           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. 24-hour security | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Alarmed          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3) How often does applicant see the building?  Weekly  Monthly  Quarterly  BI-Annual  Annual

4) Why is risk vacant? \_\_\_\_\_

5) Is this a remote or high crime area?  Remote  High crime area  Other \_\_\_\_\_

6) If water utility is on, what steps are being taken to avoid frozen pipes? \_\_\_\_\_

7) What are the prospects for the occupancy if any? \_\_\_\_\_

8) Can you attest that the applicant is in good financial condition?  Yes  No

9) Do you suspect any moral / morale hazard with this property?  Yes  No

10) Is there any on going or planned future development?  Yes  No  
If yes, Please describe, along with any expected start or completion dates, who will perform the work,

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11) If demolition or development is to be done:  Applicant acting as General Contractor  Licensed Contractor  
 Other \_\_\_\_\_

12) Are certificates of insurance obtained from contractors or subcontractors?  Yes  No

13) Is a contract with a hold-harmless clause holding applicant harmless obtained from contractor?  Yes  No

14) Estimated cost for renovation/construction operations: Next 12 months \$ \_\_\_\_\_ entire Project \_\_\_\_\_

15) If applicant is acting as General Contractor:

a. Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant?  Yes  No

b. Is applicant named as an additional insured on the subcontractor's policy?  Yes  No

c. Is scaffolding owned, rented or erected by the applicant?  Yes  No

d. Will applicant occupy the building upon completion?  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.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_