Northland Insurance Companies
An Associates Company

Pacific International Underwriters
PO Box 2007 Edmonds WA, 98020
Phone (425)771-8988 Fax (425)775-9046

VACANT BUILDING SUPPLEMENTAL APPLICATION FOR PROPERTY COVERAGE

First Named Insured_____

1. Date property became vacant _____
2. What was prior occupancy?_____
3. Is the building for sale or lease? ❑ Yes ❑ No
   If for sale, date property was put up for sale._____
4. How was the amount of insurance determined?_____
5. Date property purchased _____
   If within 3 years, what was the purchase price?_____
6. Are regular security checks done? ❑ Yes ❑ No
   If yes, by whom?_____
7. Are the windows boarded up? ❑ Yes ❑ No
8. Are the utilities presently connected? ❑ Yes ❑ No
9. Is the building sprinklered? ❑ Yes ❑ No
   If yes, is it still activated? ❑ Yes ❑ No
   Who checks on the system to make certain the system is operating? _____
   _____
10. Reason the building is vacant or unoccupied _____
11. Expected date of occupancy _____
12. Type of neighborhood _____
    Is neighborhood declining or in area of renovation? ❑ Yes ❑ No
13. Is the building scheduled for demolition? ❑ Yes ❑ No If yes, when?_____
14. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe? ❑ Yes ❑ No

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will provided.

_____
Signature of Applicant Title Date

_____
Signature of Producing Agent Date

_____
Agent Name and Address