## **VACANT PROPERTY PROGRAM APPLICATION**

APPLICANT INFORMATION	
NameTelephone	
Mailing Address PREMIER UN	DER City, State, Zip
Contact Name	Policy Term
Location of Vacant Property	
Property Limit Requested: Building \$	(80% Coins) Deductible \$
Purchase Price \$	Cost of Additions/Alterations \$
Valuation: ACV Replacement Cost	Other
Perils Requested: Fire E.C Var	ndalism Other
Gen'l Liability Limits: Occurrence \$Gen'l A	ggregate \$Medical Payments <u>\$</u>
Date purchased or acquired Building has been vacant since	
Prior Occupancy	
Year Built Year Renovated	Year Systems Upgraded
No. of Stories Type of Construction	Year Roof Replaced
Intended Disposition of Property (i.e., sell, rent, occupy,	renovate)
Describe neighborhood - i.e., rural, commercial, resident	ial
Describe general condition of building	
Describe unrepaired damage, if any	
•	Photos attached?
	Utilities operational?
Insured's Loss History (all locations)	
Bankruptcy Status Previous	Carrier
Mortgagee	
Other information/comments	
Applicant Signature & Date	Producer Name & Address

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## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

PREMIER UNDERWRITERS, INC.

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