

# Benchmark

MANAGEMENT GROUP, INC.

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## VACANT PROPERTY SUPPLEMENT

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

In order to be able to write your Vacant Building or Premises exposure, we require the following information be completely filled out and returned to us as part of the application process:

1. How long has the property been vacant: \_\_\_\_\_; Prior occupancy was: \_\_\_\_\_; and intended disposition is: *Sale* \_\_\_\_\_; *Rental* \_\_\_\_\_; or *Renovation* \_\_\_\_\_. *{If intent is Renovation, please refer to #7}*

2. Reason for vacancy: \_\_\_\_\_.

3. How frequently is the building inspected: \_\_\_\_\_. Is the building secured? *Yes*\_\_\_\_ *No*\_\_\_\_.

When is occupancy expected? \_\_\_\_\_. Have all utilities been turned off? *Yes*\_\_\_\_ *No*\_\_\_\_.

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Are ALL real estate taxes fully paid to date? *Yes*\_\_\_\_ *No*\_\_\_\_.

5. Are ALL mortgages fully paid to date? *Yes*\_\_\_\_ *No*\_\_\_\_.

6. Is the insured or any affiliate of the insured in bankruptcy or currently in the process of filing for bankruptcy? *Yes*\_\_\_\_ *No*\_\_\_\_.

7. Has any property or premise owned by the insured or any affiliate of the insured, suffered ANY losses during the past 36 months? *Yes*\_\_\_\_ *No*\_\_\_\_. If so, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. *Please note:* There is no permission to renovate ANY property during the policy period. If renovation is scheduled, we will need to convert this risk to a Builders Risk Policy.

Please specify: Vacant building property coverage: \_\_\_\_\_ - or - Builders risk/Renovation coverage: \_\_\_\_\_

The answers to the foregoing questions constitute material information to the Insurance Company and are all integral parts of its underwriting process. The Insurance Company will rely upon such information in determining whether or not to insure such risk.

Applicant's Signature: \_\_\_\_\_ Producer's Signature: \_\_\_\_\_

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