



CARRIER:

United States Liability Insurance Company

Vacant Building Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Coverage(s) Desired: Property General liability

Please fill out the Instant Quote Information section, along with the section(s) you are requesting coverage.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Inspection contact name: _____ Email address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Policy term: 3 months 6 months 9 months 12 months

Description of Operations:

1. Have there been any property or liability losses in the last three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. What type of vacant exposure does the applicant have at this location?

- Owner of a building that is completely vacant
- Owner of a building that is partially vacant
- Owner of a vacant condominium unit
- Tenant leasing this space that will be vacant

3. What is the intended future occupancy of the building? (If unknown, provide the previous occupancy) _____

4. How many total acres is the size of the plot of land the vacant building is located on? _____

5. Are there any renovations planned during the policy term? Yes No

If "Yes":

- a. What is the total cost of the renovation? \$ _____
- b. Are the planned renovations structural (load bearing)? Yes No
- c. Add liability coverage for the renovations? Yes No
- d. Will subcontractors be hired to complete the renovations? Yes No
 - i. If "Yes" to d. above, are certificates of insurance required for all subcontractors naming the applicant as an additional insured? Yes No
- e. Estimated start date? _____
- f. Estimated completion date? _____

If renovations are structural and/or \$250,000 or greater, complete this section and also Section II – Construction and Premises Protective Eligibility

- g. Will a watchman be on premises during non-working hours? Yes No
- h. Will this project site be protected by a fence when workers are not present? Yes No

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft. <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>					
What is the total square footage owned or occupied by the applicant? _____ sq. ft.					
Building Limit: \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>					
Existing Improvements and Betterments Value \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC					
Business Personal Property Limit: \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC					
Business Income Limit: \$ _____ Coinsurance _____ <u>or</u> Monthly Limit of Indemnity <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6					

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Shed \$ _____	<input type="checkbox"/> Garage \$ _____
<input type="checkbox"/> Canopy/Awning \$ _____	<input type="checkbox"/> Outdoor equipment \$ _____	<input type="checkbox"/> Outdoor sign \$ _____

Liability Coverage

6. Occurrence limit \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$5,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ELIGIBILITY CRITERIA

General Eligibility

7. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
8. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
9. Is the building currently damaged by fire or otherwise? Yes No
10. Is the building locked and secured from unauthorized entry? Yes No

Property Eligibility

11. Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted? Yes No
12. Is the structure a mobile home? Yes No
13. Is the building scheduled for demolition in the policy term or in the future (except incidental non-load bearing interior work)? Yes No
14. What year did the applicant take ownership of the building? _____
15. What year did the property become vacant? _____

General Liability Eligibility

16. Is the building located on an active farm? Yes No
17. Is there a swimming pool on premises? Yes No
18. Is the building scheduled for demolition during the policy term (except incidental non-load bearing interior work)? Yes No

Construction and Premises Protective Eligibility

19. Does the project involve the underpinning or shoring of adjacent buildings or structures? Yes No
20. Has construction work started, other than site preparation? Yes No
21. Is there any adding of stories to the existing structure? Yes No
22. Are there any blasting operations? Yes No
23. Are there any exterior operations over four stories or more than 50 feet (15 meters) from grade level? Yes No
24. Is any work being performed by the applicant, their employees or volunteers? Yes No
25. Is there any construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks)? Yes No
26. Will the applicant be conducting business operations prior to the completion of the project? Yes No
27. Is this a tract housing project (five or more structures)? Yes No
28. Is the applicant entering into a written contract with one general contractor? Yes No

If "Yes":

- a. What is the name of the general contractor? _____
- b. Does the general contractor provide a certificate of insurance showing general liability limits equal to or greater than the applicant with the applicant listed as an additional insured? Yes No
- c. Does the general contractor carry its own insurance with limits greater than the applicant? Yes No

If "No":

- a. Is the applicant a general contractor by trade? Yes No

Partially Vacant Eligibility

29. What is the square footage of the occupied section? _____ sq. ft.
30. Description of occupied section: _____
31. Is the location occupied by the owner? Yes No
32. If "Yes," provide the amount of annual sales: \$ _____
33. Does any location built prior to 1978 have aluminum wiring or knob and tube wiring? Yes No
34. If the building was built before 1978, is 100% of the wiring on functioning and operational circuit breakers? Yes No
35. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____

(Required in Prince Edward Island and Saskatchewan)