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TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

**APPLICATION FOR VACANT
PROPERTY**

APPLICANT: _____

ADDRESS: _____
CITY STATE ZIP

LOCATION: _____

CONSTRUCTION: _____ # OF STORIES: _____ BUILDING YR: _____ PC _____

BUILDING UPDATES BY YEAR? _____

EFFECTIVE DATE DESIRED: _____ TERM: MONTHS 3 ___ 6 ___ 9 ___ ANNUAL _____

PROPERTY COVERAGE	LIMIT	COINSURANCE	DEDUCTIBLE
BUILDING	\$	%	
PERSONAL PROPERTY	\$	%	
TOTAL PROP. LIMIT	\$		

LIABILITY \$
(EACH OCCURRENCE)

PERILS: BASIC _____ BROAD _____ SPECIAL _____ (If available, must have updates to all utilities, including roof)

HOW LONG HAS APPLICANT OWNED BLDG? _____ HOW LONG HAS BLDG BEEN VACANT? _____

PRIOR OCCUPANCY? _____ TOTAL SQ FOOTAGE OF BLDG? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF): _____

DESCRIBE LOCATION AREA (i.e. COMMERCIAL, RESIDENTIAL, OTHER): _____

DESCRIBE GENERAL CONDITION OF BLDG: _____

DISTANCE TO COASTAL WATERS: _____

ARE REGULAR CHECKS MADE TO PREMISES? _____ HOW OFTEN? _____ BY WHOM? _____

IS BLDG SECURED/ALARMED? _____ UTILITIES OPERATIONAL? _____

PRESENT CARRIER _____ EXPIRATION DATE _____ ANNUAL PREMIUM _____ POLICY PERIOD _____

LOSS EXPERIENCE: _____

MORTGAGEE NAME, IF ANY: _____

MORTGAGEE FULL ADDRESS: _____

PRODUCER: _____ DATE: _____

CONTACT NAME _____ AND TELEPHONE # FOR INSPECTION: _____

SIGNATURE OF APPLICANT: _____