

**TRINITY E&S INSURANCE SERVICES
VACANT BUILDING PROGRAM APPLICATION
(Complete in addition to Acord 125 and Acord 140)**

Named Insured: _____

Address to be covered: _____

1. How long has the insured owned the building to be covered? _____
2. How long has the building been vacant? _____
3. What is the reason for the vacancy? _____
4. What is the intended disposition of the building? (sell, lease, demolish, occupy)

5. Does the insured plan to renovate building? Yes No. If Yes, describe renovation and provide timeline: _____
6. Are there any tax liens on the property? Yes No
7. Has the insured filed for or are they in bankruptcy? Yes No
8. Describe the general condition of the building: _____

9. Describe any existing unrepaired damage: _____

10. Describe the neighborhood: Residential Commercial Other: _____
11. Is the neighborhood: Upscale Stable Deteriorating
12. How often are regular physical checks of the building made? _____
By whom? _____
13. Is building: Locked Boarded Fenced
14. Is there a: Fire Alarm ? Burglar Alarm? Sprinkler System?
15. Are utilities turned on? Yes No

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.
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APPLICANT: _____ **DATE:** _____