

**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

<b>THE UNDERSIGNED CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</b>
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**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_