

WKF&C Vacant Property Supplement

in addition to Acord Property Application

General Information

Named Insured _____			
Principal Owners _____			

Percent of Building Vacant _____	Age of building _____		
Reason for Vacancy _____			
Date of last Occupancy _____			
Prior Occupancy _____			
Intended use _____			
Expected Date of Occupancy _____			
Any pending appeals to change property zoning?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
<i>Renovations are not permitted during the policy period.</i>			
<i>Note if renovations are scheduled please contact our Inland Marine Department.</i>			
Are Utilities operational ?	Gas	Water	Electric
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Security

Building				If Alarmed specify Type _____
Boarded	Locked	Fenced	Alarmed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood				
Industrial	Residential	Commercial	Rural	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency of building inspection	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	

Valuation

RCV _____	Square Footage _____
ACV _____	
Purchase Price _____	Date of Purchase _____

Financial

Are all real estate taxes paid?	Yes _____ No _____
Are all Mortgage obligations fully paid to date ?	Yes _____ No _____
Any liens (other than mortgage) against the property?	Yes _____ No _____
Is any insured, insured affiliate, or principal in bankruptcy or currently in the process of filing for bankruptcy?	Yes _____ No _____

Loss Information

Any losses at this property in the past 36 months?	Yes _____ No _____
Any losses at any other properties owned or managed by the insured in the past 36 months?	Yes _____ No _____

The above information is material to WKF&C. Please reference the Acord application re false or fraudulent information.

Applicant Signature _____ Producer Signature _____