



## **ADVANCED E&S ANNOUNCES AN A RATED IN-HOUSE PROGRAM FOR VACANT BUILDINGS**



### **Program Features Are:**

- **No restrictions on length of vacancy.**
- **3, 6, 9 or 12 month policies available with option to extend by endorsement.**
- **In-house Property Limits up to \$10M per policy. Higher limits available.**
- **Basic, Broad, Special form available.**
- **In-house General Liability Limits up to \$1M/\$2M. Umbrella Limits up to \$5M.**
- **New Competitive pricing!**
- **Same-day turnaround on quotations!**

**Low Minimum  
Premiums**

**15%  
Commission**

**Quick  
Turnaround**

**Offering  
monoline or  
package terms  
for Property,  
Inland Marine,  
General Liability  
& Umbrella.**

**Contact  
Us Today!**

**866-867-0505**

[www.aesins.com](http://www.aesins.com)

**Karen Keller**

312-957-4043

[kmkeller@aesins.com](mailto:kmkeller@aesins.com)

**Ronald Keller**

312-957-4041

[rnkeller@aesins.com](mailto:rnkeller@aesins.com)

# VACANT / BUILDERS' RISK / RENOVATION RISK APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

Vacant Property  
(Pages 1, 2 & 4)

Builders' Risk (Ground up construction)  
(Pages 1, 3 & 4)

Renovation Risk  
(Pages 1, 3 & 4)

1. FIRST NAMED INSURED: \_\_\_\_\_  
OTHER INSURED(S): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
INSPECTION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_
2. EFFECTIVE DATE DESIRED: \_\_\_\_\_
3. LOCATION OF RISK: \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_
4. MORTGAGEE: \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_
5. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN:  NONE  
 BANKRUPTCIES  FORECLOSURES  TAX LIENS  BUSINESS FAILURE  ANY LITIGATIONS  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_
6. BUILDING SECTION: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_ PROTECTION CLASS: \_\_\_\_\_  
YEAR OF BUILDING: \_\_\_\_\_ CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_  
YEAR OF: WIRING: \_\_\_\_\_ PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOFING: \_\_\_\_\_  
ADJACENT/ABUTTING EXPOSURES:  
NORTH: \_\_\_\_\_ SOUTH: \_\_\_\_\_ EAST: \_\_\_\_\_ WEST: \_\_\_\_\_  
FIRE ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_  
BURGLAR ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_  
SPRINKLER SYSTEM?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_
7. DATE PROPERTY PURCHASED: \_\_\_\_\_ IF WITHIN 3 YEARS, PURCHASE PRICE: \_\_\_\_\_
8. TYPE OF NEIGHBORHOOD \_\_\_\_\_  
NEIGHBORHOOD:  RESIDENTIAL  MFG./INDUSTRIAL  RETAIL/COMM'L  RURAL  
IS NEIGHBORHOOD DECLINING OR IN AREA OF RENOVATION?  YES  NO
9. DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_
10. DESCRIBE UNREPAIRED DAMAGE, IF ANY: \_\_\_\_\_

## ADVANCED E&S INSURANCE UNDERWRITERS

430 West Erie Street Suite 510 Chicago, IL 60610 Phone: (312) 867-0505 Fax: (312) 867-0510  
Website: <http://www.advancede-s.com> E-Mail: [quote@advancede-s.com](mailto:quote@advancede-s.com)

March 2008

**VACANT BUILDING:**

- 11. DATE BUILDING BECAME VACANT: \_\_\_\_\_
- 12. REASON FOR VACANCY (PROVIDE DETAILS): \_\_\_\_\_
- 13. INTENDED DISPOSITION OF PROPERTY (SELL, LEASE, OCCUPY): \_\_\_\_\_
- 14. PRIOR OCCUPANCY: \_\_\_\_\_
- 15. REASON THE BUILDING IS VACANT OR UNOCCUPIED? \_\_\_\_\_
- 16. ARE REGULAR SECURITY CHECKS DONE?  YES  NO IF YES, BY WHOM? \_\_\_\_\_
- 17. ARE THE WINDOWS BOARDED UP?  YES  NO
- 18. ARE THE UTILITIES PRESENTLY CONNECTED? GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_ WATER \_\_\_\_\_
- 19. IS THE BUILDING SPRINKLERED?  YES  NO  
IF YES, IS IT STILL ACTIVATED?  YES  NO  
WHO CHECKS ON THE SYSTEM TO MAKE CERTAIN THE SYSTEM IS OPERATING? \_\_\_\_\_  
\_\_\_\_\_
- 20. IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE?  YES  NO
- 21. IS THE BUILDING SCHEDULED FOR DEMOLITION?  YES  NO IF YES, WHEN? \_\_\_\_\_  
IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:
- 22. IS THERE A SWIMMING POOL ON THE PREMISES?  YES  NO FENCED OR UNFENCED? \_\_\_\_\_
- 23. DESCRIBE THE WORK TO BE DONE \_\_\_\_\_  
EXPECTED START DATE: \_\_\_\_\_ EXPECTED COMPLETION DATE: \_\_\_\_\_
- 24. WHO IS PERFORMING THE WORK?  
A LICENSED CONTRACTOR?  APPLICANT ACTING AS A GENERAL CONTRACTOR?   
OTHER \_\_\_\_\_
- 25. ARE CERTIFICATES OF INSURANCE OBTAINED FROM CONTRACTORS OR SUB-CONTRACTORS? \_\_\_\_\_
- 25B IS A CONTRACT CONTAINING A HOLD-HARMLESS CLAUSE HOLDING THE APPLICANT HARMLESS OBTAINED FROM THE CONTRACTOR? \_\_\_\_\_
- 26 IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON THE CONTRACTORS/SUB CONTRACTORS POLICY? \_\_\_\_\_
- 27 IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT? \_\_\_\_\_
- 28 WILL THE APPLICANT OCCUPY THE BUILDING UPON COMPLETION? \_\_\_\_\_

**BUILDERS RISK/RENOVATIONS:**

29. DESCRIBE THE WORK TO BE PERFORMED: \_\_\_\_\_  
\_\_\_\_\_
30. WHAT DATE IS CONSTRUCTION PLANNED TO: BEGIN \_\_\_\_\_ END \_\_\_\_\_
31. WILL ANY PORTION OF THE STRUCTURE BE OCCUPIED PRIOR TO COMPLETION OF THE PROJECT?  YES  NO  
IF YES, DESCRIBE OCCUPANCY: \_\_\_\_\_
32. DESCRIBE HOW THE PREMISES AND ANY OFF-SITE STORAGE IS PROTECTED FROM THEFT, VANDALISM OR ILLEGAL ENTRY: \_\_\_\_\_  
\_\_\_\_\_
33. DOES THE JOB INVOLVE ANY OF THE FOLLOWING:
- |                               | YES                      | NO                       |                                 | YES                      | NO                       |
|-------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| DEMOLITION OF THE STRUCTURE   | <input type="checkbox"/> | <input type="checkbox"/> | EXCAVATION                      | <input type="checkbox"/> | <input type="checkbox"/> |
| STRUCTURAL ALTERATIONS        | <input type="checkbox"/> | <input type="checkbox"/> | UNIQUE/EXPERIMENTAL DESIGN      | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTENSIVE GUTTING             | <input type="checkbox"/> | <input type="checkbox"/> | RENOVATION AFTER FIRE           | <input type="checkbox"/> | <input type="checkbox"/> |
| MODULAR UNITS OR MOBILE HOMES | <input type="checkbox"/> | <input type="checkbox"/> | LEAD/ASBESTOS/POLLUTANT REMOVAL | <input type="checkbox"/> | <input type="checkbox"/> |
34. IS THE STRUCTURE SPRINKLERED?  YES  NO  
IF YES, HAS THE SYSTEM BEEN TURNED OFF?  YES  NO
35. ARE SITUATIONS PRESENT THAT MAY INVOLVE POTENTIAL DISPUTES AT THE WORKSITE (E.G., STRIKES, LOCKOUTS, ETC.)?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_
36. GENERAL CONTRACTORS YEARS OF EXPERIENCE ON SIMILAR PROJECTS:  LESS THAN 1  1 TO 5  5 OR MORE
37. ARE YOU THE:  BUILDING OWNER **NOT** ACTING AS A GENERAL CONTRACTOR  
 BUILDING OWNER ACTING AS A GENERAL CONTRACTOR  
 GENERAL CONTRACTOR WHO DOES NOT OWN THE BUILDING
38. IF YOU ARE THE BUILDING OWNER:
- A. NUMBER OF OTHER PROPERTIES YOU OWN: \_\_\_\_\_
- B. NAME OF GENERAL CONTRACTOR: \_\_\_\_\_
- C. AMOUNT PAID FOR STRUCTURE: \_\_\_\_\_
- D. DO YOU HAVE ANY EXPERIENCE INVESTING IN REAL ESTATE:  YES  NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_
- E. DO YOU SUBCONTRACT WORK TO OTHERS?  YES  NO IF YES, ANSWER THE FOLLOWING QUESTIONS
- a. TYPE OF WORK \_\_\_\_\_
- b. COST OF SUBCONTRACT'S/CONTRACT LABOR \$ \_\_\_\_\_
- c. ARE ALL SUBCONTRACTORS REQUIRED TO CARRY INSURANCE  YES  NO IF YES, INDICATE:
- i. COMPREHENSIVE GENERAL LIABILITY LIMIT: \$ \_\_\_\_\_
- ii. ARE YOU NAMED AS AN ADDITIONAL INSURED?  YES  NO
- iii. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?  YES  NO

**PROPOSED PROPERTY COVERAGE:**

EXISTING BUILDING LIMIT: \$ \_\_\_\_\_ RENOVATION LIMIT: \$ \_\_\_\_\_

TOTAL BUILDING LIMIT: \$ \_\_\_\_\_

DEDUCTIBLE REQUESTED: \$ \_\_\_\_\_ CO-INSURANCE: \_\_\_\_\_

COVERAGE:  BASIC  BROAD  SPECIAL

TERM:  3 MONTHS  6 MONTHS  9 MONTHS  12 MONTHS

**PROPOSED GENERAL LIABILITY COVERAGE:**

LIABILITY OCCURRENCE LIMIT:  \$ 300,000  \$ 500,000  \$ 1,000,000

AGGREGATE LIMIT:  SAME AS OCCURRENCE  DOUBLE OCCURRENCE

P R O D U C T S I N C L U D E D  O R E X C L U D E D

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
YEAR	CARRIER/POLICY No & PREMIUM	COVERAGE	# OF LOSSES	AMOUNT INCURRED/PAID	DESCRIPTION OF LOSSES

HAS INSURANCE OF THIS TYPE BEEN CANCELLED, REFUSED, OR NONRENEWED BY ANY COMPANY DURING THE PAST THREE (3) YEARS?  YES  NO -IF YES, GIVE NAME OF COMPANY, DATE & REASON.

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS DATE