

# CID Insurance Programs Inc. DBA CID Insurance Services

## Vacant Building Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

### I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

What type of vacant exposure does the applicant have at this location?

- Owner of a building that is completely vacant     Owner of a building that is partially vacant (complete partially vacant section)  
 Owner of a vacant condominium unit                 A tenant leasing space that will be vacant until they can occupy  
 Other \_\_\_\_\_

Are there any renovations?  Yes  No

If "Yes", what is the total cost of renovations? \$ \_\_\_\_\_

What is the current building value? \$ \_\_\_\_\_

What will be the building value after renovations are complete? \$ \_\_\_\_\_

Any structural work to be completed?  Yes  No

Would the applicant like to purchase independent contractor coverage?  Yes  No

Policy period:  3 months     6 months     9 months     Annual

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

What is the intended future occupancy/use of the building? \_\_\_\_\_

#### Property Section

Construction:     Frame     Joisted masonry     Non-combustible     Masonry non-combustible  
 Modified fire-resistive     Fire-resistive     Other \_\_\_\_\_

Protection class: \_\_\_\_\_

Requested cause of loss:     Basic     Special

Requested valuation:     Replacement Cost     Actual Cash Value

Deductible:     \$1,000     \$2,500     \$5,000

Coinsurance:     80%     90%     100%

Building limit \$ \_\_\_\_\_

Business personal property limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

Is building scheduled for demolition?  Yes  No

Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

#### Liability Section

Liability limit:     \$100,000/\$200,000     \$300,000/\$600,000     \$500,000/\$1,000,000     \$1,000,000/\$2,000,000

How many stories is this building? \_\_\_\_\_

Is building scheduled for demolition during the policy term?  Yes  No

Is the building on a piece of land greater than five acres?  Yes  No

If "Yes", what is the total acreage? \_\_\_\_\_

#### Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### II. LOSS INFORMATION FOR THE PAST THREE YEARS

#### Property Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

#### Liability Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ADDITIONAL PROPERTY INFORMATION**

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs. Plumbing updated \_\_\_\_\_ yrs. Electrical updated \_\_\_\_\_ yrs. Heating updated \_\_\_\_\_ yrs.

Roof type:  Flat  Wood shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_

Plumbing type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

Business income and extra expense limit/fair rental value \$ \_\_\_\_\_

(Business income coverage requires a signed lease)

Is the main water valve shut off unless connected to a sprinkler system?  Yes  No

**IV. ELIGIBILITY CRITERIA**

- 1. Building is locked and secured from unauthorized entry  True  False
- 2. Building is not currently damaged (fire or otherwise)  True  False
- 3. No past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years  True  False
- 4. Any renovations planned during our policy term do not have a total cost more than \$250,000 (over \$250,000 review our Owners/Tenants Protective and Building Renovation products)  True  False
- 5. Any renovations planned during our policy term do not involve structural work  True  False
- 6. Coverage has not been cancelled or non-renewed in the last three years for any reason other than the building being vacant (not applicable in Missouri)  True  False

If "False", please explain: \_\_\_\_\_

**Property**

- 1. If building coverage is requested, the applicant is the owner of all properties  N/A  True  False
- 2. No locations are mobile homes  True  False
- 3. No tenants have been evicted from the property in the last 60 days, and no one is in the process of being evicted  True  False
- 4. If renovations are taking place, will the cost of renovations exceed 20% of the existing building limit?  Yes  No  
If "Yes", please answer the following three questions:
  - a. The insured/contractor has at least three years of experience in conducting renovation projects  True  False
  - b. The renovations will not include any building additions unless all buildings are frame construction and/or additions are being added to any side of the building  True  False
  - c. The project does not involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangers, silos, chemical petroleum energy, co-generation tanks, or radio, TV and communication towers  True  False

**General Liability**

- 1. Building is not located on a farm  True  False
- 2. No swimming pools:  True  False
- 3. Independent contractors coverage (answer the following three questions if this coverage is desired):
  - a. Exterior operations up to a maximum of four stories or 50 feet from grade level  True  False
  - b. No structural renovations  True  False
  - c. Certificate of insurance required from all subcontractors naming the applicant as additional insured or the applicant is performing the renovations  True  False

**Partially Vacant**

- 1. What percent of the building is vacant? \_\_\_\_\_%
- 2. What measures have been taken to keep tenants/others out of the vacant section of the building? \_\_\_\_\_
- 3. No tenants are in the process of being evicted?  True  False
- 4. All electric connected to functioning and operational circuit breakers?  True  False
- 5. Is there any aluminum or knob and tube wiring on the premises?  Yes  No
- 6. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?  Yes  No
- 7. Are all permits obtained as required by law?  Yes  No
- 8. Building occupancy \_\_\_\_\_ Rate base \_\_\_\_\_ Owner operated  Yes  No  
 Building occupancy \_\_\_\_\_ Rate base \_\_\_\_\_ Owner operated  Yes  No  
 Building occupancy \_\_\_\_\_ Rate base \_\_\_\_\_ Owner operated  Yes  No
- 9. Business personal property (owner occupied section only) \$ \_\_\_\_\_ Co-insurance \_\_\_\_\_%
- 10. Request for optional coverages? \_\_\_\_\_

**V. ADDITIONAL APPLICANT INFORMATION**

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

What year did the applicant purchase these properties? \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.


Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_  Main agency phone number: \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_  Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_