

Strickland General Agency, Inc.

VACANT / RENOVATION PROPERTY APPLICATION (Personal and Commercial Property)

Coverage: Basic ISO Form (Fire, Lightning and Extended Coverage)
Actual Cash Value, 80% Coinsurance, Vandalism \$1,000 Deductible

Agency: _____ Broker #: _____ Contact: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Desired Policy Term: _____ (3,6,12 months) Effective Date: _____

Vacant: Current Value \$: _____ Square Footage: _____

Renovation: Purchase Price \$: _____ Value of Improvements\$: _____ New Value\$: _____

Deductible **\$1000** Year Built: _____ Protection Class: _____ Construction Type: _____

Value: _____ Perils: Basic with VM&M Number of stories: _____ Coinsurance: _____

Age of Roof: _____ (If roof is over 20 years old water damage is excluded)

Updates: Wiring _____ Plumbing _____ Heating _____

Physical location address: _____

How long has the applicant owned the property at this location? _____

How long has building been vacant? _____

Reason for vacancy (provide details): _____

Intended disposition of property (i.e. , sell, rent, occupy): _____

Prior Occupancy: _____

Describe general condition of property: _____

How often are regular checks made to the property and by whom? _____

Is the building secured? _____ Bankruptcy Status? _____

Mortgagee: _____

Previous Carrier: _____

Other Pertinent Information: _____

SUBMIT RISK

Cannot be bound until confirmation to you by fax or email / Risk vacant over 18 months / Renovations

PROHIBITED RISKS

Building to be raised	Property with wood shake roof	Risk with 2 or more losses in past 3 yrs
Damaged Buildings	Any previous loss over \$20,000	
Risk in bankruptcy	Known or suspected arson	

Premium: (_____) + (FEE = \$ _____) + (_____ TAX) = TOTAL PREMIUM: \$ _____

(S/L TAX - AR, GA, MS - 4% * LA, FL - 5% * TN - 2.5% * ON PREMIUM AND FEE)

Applicant Signature: _____ Date: _____