



ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 P.O. Box 2010 Glen Allen, Virginia 23058-2010
(804) 273-1400 (800) 963-7739 Fax (804) 273-1435 www.essexinsurance.com, essexquote@markelcorp.com

VACANT PROPERTY APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Policy Term Requested: _____

Location to be Insured: _____

Property Limit Requested:

Existing Building: \$ _____ Coinsurance: _____%

Cost of Renovations: \$ _____ Total Building Limit: \$ _____

If new purchase, please insure for "purchase price excluding land."

Deductible Requested: \$ _____

Perils Requested: Basic _____ Basic X VMM _____ Other _____

How long has applicant owned 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: _____

Year Built: _____ Year Renovated: _____ Protection Class: _____

C/S Fire Alarm: _____ C/S Burglar Alarm: _____ Sprinklers: _____

Upgrades (describe): Wiring_____ Roofing_____ Plumbing_____

Other_____

Number of Stories:_____ Construction:_____ Square Feet:_____

Describe neighborhood – i.e., rural, commercial, residential:_____

Describe general condition of building:_____

Describe unrepaired damage, if any:_____

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

Photos Attached?:_____ Building Secured?:_____

Utilities Operational?:_____ Bankruptcy Status?:_____

Mortgagee:_____

Previous Carrier:_____

Loss History:_____

Other Pertinent Information:_____

Producer Name:_____ Applicant Signature:_____

Date:_____

NOTE: If accord application is included, only answer questions not included on accord application. Thank you.