



Vacant Dwelling Supplemental Questionnaire

(If building is vacant, please note in most cases, perils will be limited to FL-1R Fire & EC)

Insured Name & Mailing Address

Agent Name

Agent Code: _____

PHOTOS REQUIRED ON VACANT BUILDINGS

How long has insured owned property? _____ years/months

How long has property been vacant? _____ years/months

What was the occupancy prior to vacancy? _____

Estimated duration of vacancy and/or renovations? _____

Plans for property after vacancy and/or renovations? _____

If other please explain: _____

Purchase price: \$ _____

Does the insured have clear title to described property? Yes No

If no, describe: _____

SCOPE OF RENOVATIONS

Describe minor cosmetic work to be completed:

Describe major renovations to be completed (roofing, plumbing, electrical, heating or structural):

Is there any previous fire or other structural unrepaired damages Yes No

If yes, describe:

Is work being performed by: _____

If using a general contractor is there a hold harmless agreement in place? Yes No If yes, attach copy.

Is our insured listed as an additional insured on the contractors policy? Yes No If yes, attach certificate.

Anticipated date of completion: _____