



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?

Long Term Rental Immediate Resale Owner Occupied Other

If other please explain: _____

Purchase price: \$ _____

Does the insured have clear title to described property (Y/N)? _____

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 (Y/N)? _____

If yes, describe: _____

Is work being performed by: Insured Employees of Insured General Contractor

If using a general contractor is there a hold harmless agreement in place (Y/N)? _____ If yes, attach copy.

Is our insured listed as an additional insured on the contractors policy (Y/N)? _____ If yes, attach certificate.

Anticipated date of completion: _____