

MIDWEST SECURITY INSURANCE SERVICES INC
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VACANT BUILDING SUPPLEMENTAL APPLICATION

1. APPLICANT NAME: _____

2. LOCATION ADDRESS: _____

3. HOW LONG HAS APPLICATION OWNED THE BUILDING: _____

IF NEW PURCHASE, INDICATE PURCHASE PRICE: \$ _____

4. HOW LONG HAS BUILDING BEEN VACANT?: _____

5. REASON FOR VACANCY: _____

6. INTENDED DISPOSITION: (SELL, RENT, SELF-OCCUPY) _____

7. ARE REGULAR CHECKS MADE TO THE BUILDING: _____

IF YES, HOW OFTEN: _____

8. SECURITY: ___ ALARMED ___ BOARDED/LOCKED

9. DESCRIBE NEIGHBORHOOD: _____

10. DESCRIBE GENERAL CONDITION OF BUILDING: _____

11. IS BUILDING INTERIOR AND EXTERIOR FREE OF GARBAGE OR DEBRIS? _____

IF NO, PLEASE DESCRIBE _____

12. WILL THERE BE ANY RENOVATIONS OF ANY KIND DURING POLICY PERIOD? ___

IF YES, PLEASE DESCRIBE _____

13. DOES THE APPLICANT ALSO ACT AS GENERAL CONTRACTOR? _____

IF YES, PLEASE DESCRIBE _____

14. IS THE APPLICANT GOING THROUGH BANKRUPTCY OR EXPERIENCING ANY SORT OF FINANCIAL DIFFICULTY? _____

IF YES, PLEASE DESCRIBE _____

15. ANY LOSSES DURING THE PAST THREE YEARS? _____

IF YES, PLEASE DESCRIBE: _____

ALL STATEMENTS OR REPRESENTATIONS IN THIS APPLICATION MADE BY ME OR ON MY BEHALF ARE COMPLETELY TRUTHFUL AND IF A POLICY IS ISSUED, IT IS ISSUED IN RELIANCE UPON THESE STATEMENTS OR REPRESENTATIONS. I UNDERSTAND THAT I WILL NOT BE COVERED IF THIS APPLICATION CONTAINS ANY FALSE STATEMENT, OMISSION OR MISREPRESENTATION THAT WOULD OTHERWISE ALTER THE COMPANY'S EVALUATION OF THE APPLICANT.

PRODUCER: _____ PHONE#: _____

SIGNATURE: _____ DATE _____