



Chris-Leef General Agency  
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**VACANT BUILDING APPLICATION**

**APPLICANT:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
   Street  City  State  Zip

APPLICANT IS:  INDIVIDUAL  PARTNERSHIP  OTHER (SPECIFY) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_  
   Street  City  County  State  Zip

CAUSE OF LOSS: BASIC                        POLICY TERM:  3 MONTH  6 MONTH  12 MONTH

**COVERAGES & LIMITS:**

<u>COVERAGES</u>	<u>LIMITS</u>	<u>CO-INS. %</u>
BUILDING (ACV OR PURCHASE PRICE IF PURCHASED WITHIN THE PAST YEAR)	\$ _____	80%
"NEW" BUILDERS RISK	\$ _____	100%
RENOVATIONS UNDER CONSTRUCTION	\$ _____	100%
LIMIT OF LIABILITY:	\$ _____	

CONSTRUCTION TYPE: \_\_\_\_\_                        NUMBER OF DWELLING/ RENTAL UNITS: \_\_\_\_\_  
 NUMBER OF FAMILIES \_\_\_\_\_ HOW LONG HAS IT BEEN VACANT: \_\_\_\_\_  
 PROTECTION CLASS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_  
 ACTUAL CASH VALUE \$ \_\_\_\_\_ DATE OF PURCHASE OR OWNERSHIP \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE: \$ \_\_\_\_\_  
 RENOVATIONS:  YES  NO IF YES, INDICATE TOTAL COST OF RENOVATIONS: \$ \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR OR FIX UP WORK, INCLUDING ADDITIONS.**  
 WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK, CLEAN UP, AND/OR HELPING DURING THE POLICY TERM?  YES  NO

PRIOR CARRIER/ LOSS EXPERIENCE: \_\_\_\_\_

INTENDED USE OF RISK: \_\_\_\_\_

ARE REGULAR CHECKS MADE TO BUILDING?  YES  NO IF YES HOW OFTEN? \_\_\_\_\_

BY WHOM? : \_\_\_\_\_ IS BUILDING SECURED?  YES  NO

IF YES, HOW IS IT SECURED? \_\_\_\_\_

STATE LOT SIZE, IF MORE THAN 1.5 ACRES: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

IS THERE A POOL, POND, AND/OR LAKE ON THE PREMISES?  YES  NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_ CONDITION OF BUILDING: \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC?  YES  NO

IF "NO", DESCRIBE CONDITION OF THE INTERIOR OF BUILDING: \_\_\_\_\_

PRIOR USE OF BUILDING WHEN OCCUPIED: \_\_\_\_\_

**UPDATE INFO**

WIRING YEAR UPDATED: \_\_\_\_\_  FULL  PARTIAL

PLUMBING YEAR UPDATED: \_\_\_\_\_  FULL  PARTIAL

HEATING YEAR UPDATED: \_\_\_\_\_  FULL  PARTIAL

ROOF YEAR UPDATED: \_\_\_\_\_  FULL  PARTIAL

CURRENT NUMBER OF LAYERS ON THE ROOF \_\_\_\_\_

**MORTGAGEE OR LOSS PAYEE INFORMATION**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

THE APPLICANT COVENANTS THAT THE INFORMATION ON THE APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

DATE: \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_