

# Vacant Building

## CIBA Supplemental Application



*Please attach this supplemental to the General CIBA Application*

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at [CIBAQuote@cibaservices.com](mailto:CIBAQuote@cibaservices.com). Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

Broker/Company:	Office:	Submitted By:
Phone Number:	Fax Number:	E-Mail Address:

**Account Name:**

Named Insured for Vacant Location (If Different)	Requested Effective Date:
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**BUILDING INFORMATION:**

Location Street Address	City:	State:	Zip:
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Number of Buildings at Location:	Number of Stories:
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Original Year Built:	Building Construction Type:
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Is Electrical Power to building on?	Yes	No
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Does the location have lighting that is on at night?	Yes	No
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Is the building heated to at least 55 degrees Fahrenheit during winter?	Yes	No
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Automatic Fire Sprinklers?	Full	Partial%	None
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Are the automatic Fire Sprinklers on and in full working order?	Yes	No	Not applicable
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Central Station Alarm Monitoring	Heat/Smoke	Water Flow	Burglar	None
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Building Area

Requested Building Valuation:	Replacement Cost:	Actual Cash Value:
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Requested Building Limit:

Is there any Personal Property at the location?	Yes	No
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If Yes, only Business Personal Property to Maintain Building is eligible

Requested Building Personal Property Limit:

Requested Rental Income Limit	Confirm Lease has been signed?
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*Rental Income Coverage is excluded unless a lease has been signed. If so, attach copy of lease.*

**BUILDING UPGRADES:**

***If the property is more than 20 years old, provide the following:***

Electrical Type of Wiring:	Copper	Aluminum*	Knob/Tube
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Circuit Breakers (100%)	Yes	No
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Any Stab-lok circuit breakers installed by Federal Pacific	Yes	No
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Any Fuses?	Yes	No
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Electrical Year Updated:

Age of Roof:	Roof Type:
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Plumbing Year Updated:	Plumbing Type:
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Is main water supply valve shut off unless connected to fire sprinklers?	Yes	No
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Heating, Ventilation, Air Conditioning (HVAC):	Electric	Gas	Oil	Wood Stove
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HVAC Type:	Forced Air	Boiler	Floor Furnace	Fire Place
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HVAC Year Updated:

# Vacant Building Cont.

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### ELIGIBILITY QUESTIONS:

Have any of the buildings at the location been condemned? Yes No

Are there are plans to demolish the property in the future? Yes No If Yes, Explain:

When did the property at the location become vacant?

How long has the Named Insured owned the property?

What was the type of occupancy prior to the vacancy?

Is there any existing damage to the property that has not been repaired?

Are all building systems connected to utilities and operational: Yes No

If no, please describe any systems that are not working or connected:

Are there any swimming pools or water features at the property? Yes No

if yes, have the pools or water features been drained and fences? Yes No

Are any activities taking place at the location, such as special events?

### SECURITY

Is the building locked and secured against unauthorized entry? Yes No

Are windows boarded? Yes No

Is location fully fenced? Yes No

Is there a guard for security service? Yes No

If yes...

Guarded 24 hours 7 days a week Yes No

Patrol Service and Frequency: Armed Unarmed

### RENOVATIONS

Are there any renovations planned or in progress? Yes No

If yes, please answer the following questions:

What is the total cost of the renovations?

What is the current building value?

What will the building value be when the renovations are completed?

Any structural work to be completed?

Who is the contractor performing the renovations?

Is the Named Insured an AI on the contractor's GL insurance?

What will be the occupancy on completion of the renovations?

When is the scheduled completion date for the renovations?

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant:  
Signature:  
Date:

Producer:  
Signature:  
Date: