

Vacant Dwelling Application

Photos Required On All Risks Submitted



.6238 FAR HILLS AVE.
DAYTON, OH 45459

Website: www.stoermerco.com
Phone: (937) 433-9946 * (800) 333-7394
Fax: 937-433-5936

NO BINDING AUTHORITY
IS CONVEYED TO ANY AGENT

<p align="center">POLICY PERIOD</p> <p>FROM: ___/___/___ TO ___/___/___ EFFECTIVE 12:01 A.M. STANDARD TIME</p>	<p>POLICY NUMBER: _____ RENEWAL OF POLICY: _____</p>																																																																																	
<p align="center">NAMED INSURED</p> <p>NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ PHONE NO.: _____ OCCUPATION: _____ SOCIAL SECURITY #: _____</p>	<p align="center">PRODUCER</p> <p>NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ PHONE NO.: _____ FAX NUMBER: _____ EMAIL ADDRESS: _____</p>																																																																																	
<p>PRINCIPAL LOCATION (IF DIFFERENT FROM MAILING ADDRESS)</p> <p>ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____</p>																																																																																		
<p align="center">LIENHOLDER #1</p> <p>NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____</p>																																																																																		
<p align="center">DWELLING DESCRIPTION</p> <p>Structure: # of Families _____ # of Stories _____ Occupancy: Owner Occupied Year Round Rented Vacant Seasonal Construction: Frame Frame/Aluminum Siding Frame-Modular Brick Veneer Masonry Roof Type: Composition Wood Slate/Tile Tar Paper Metal Condition: Good Fair Poor Deductibles: \$250 All Peril Standard \$500 All Peril \$1,000 All Peril Year Built: _____ Year Purchased: _____ Purchase Price: _____ Current Market Value \$: _____ Year Update – Wiring 19__ Plumbing 19__ Heating 19__ Age of Roof _____ Work done by Lic. Cont. Yes No Protection Class: _____ Terr. Zone: _____ County-Code: _____ Is Dwelling in City Limits? Yes No Miles to Nearest Fire Dept.: _____ Distance / Nearest Hydrant: _____ Name of Responding Fire Department: _____ Acreage of Property: _____ Sq. Ft. of Dwelling: _____ Pool on Premises? Yes No Does the building have an open foundation? Yes No</p>																																																																																		
<p>EXPLAIN ALL "YES" ANSWERS IN REMARKS SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Is there any non-residential property (Schools, Churches, Stores, Gas Stations, etc.) within 25 feet of the property to be insured?</td> <td></td> <td></td> </tr> <tr> <td>2. Is there any store, business or professional activity in the dwelling?</td> <td></td> <td></td> </tr> <tr> <td>3. What is the primary source of heating in the insured dwelling? _____</td> <td></td> <td></td> </tr> <tr> <td>4. Are there any portable heaters in the dwelling? If Yes, what type? Propane _____ Gas _____ Kerosene _____ Electrical _____ Oil _____ Wood Stove _____ Other _____ (Complete Supplemental Questionnaire)</td> <td></td> <td></td> </tr> <tr> <td>5. Has any Named Insured ever filed for Bankruptcy?</td> <td></td> <td></td> </tr> <tr> <td>6. Mine Subsidence (If Applicable)</td> <td></td> <td></td> </tr> <tr> <td>7. How long has dwelling been vacant? _____</td> <td></td> <td></td> </tr> <tr> <td>8. Why is the dwelling vacant? _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>Remarks: _____ _____ _____</p>		YES	NO	1. Is there any non-residential property (Schools, Churches, Stores, Gas Stations, etc.) within 25 feet of the property to be insured?			2. Is there any store, business or professional activity in the dwelling?			3. What is the primary source of heating in the insured dwelling? _____			4. Are there any portable heaters in the dwelling? If Yes, what type? Propane _____ Gas _____ Kerosene _____ Electrical _____ Oil _____ Wood Stove _____ Other _____ (Complete Supplemental Questionnaire)			5. Has any Named Insured ever filed for Bankruptcy?			6. Mine Subsidence (If Applicable)			7. How long has dwelling been vacant? _____			8. Why is the dwelling vacant? _____			<p align="center">AMOUNT OF COVERAGE & PREMIUM CALCULATION VACANT DWELLING PROPERTY – DP-1</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Coverage</th> <th style="width: 15%; text-align: center;">Premium</th> </tr> </thead> <tbody> <tr> <td>“A” Dwelling Value</td> <td></td> <td></td> </tr> <tr> <td>Amount of Coverage</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td align="center" colspan="3">DWELLING LIABILITY</td> </tr> <tr> <td>“L” Personal Liability</td> <td></td> <td></td> </tr> <tr> <td>Amount of Coverage</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>“M” Medical Payment</td> <td></td> <td></td> </tr> <tr> <td>Amount of Coverage</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td align="center" colspan="3">ADDITIONAL COVERAGE</td> </tr> <tr> <td>_____</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td align="center" colspan="3">NET POLICY PREMIUM</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>INSPECTION FEE (if applicable)</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>POLICY / SURPLUS LINES FEE (if applicable)</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>STATE / SURPLUS LINES TAX (if applicable)</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td align="center" colspan="2">ESTIMATED PREMIUM</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>		Coverage	Premium	“A” Dwelling Value			Amount of Coverage	\$ _____	\$ _____	DWELLING LIABILITY			“L” Personal Liability			Amount of Coverage	\$ _____	\$ _____	“M” Medical Payment			Amount of Coverage	\$ _____	\$ _____	ADDITIONAL COVERAGE			_____		\$ _____	_____		\$ _____	_____		\$ _____	NET POLICY PREMIUM					\$ _____	INSPECTION FEE (if applicable)		\$ _____	POLICY / SURPLUS LINES FEE (if applicable)		\$ _____	STATE / SURPLUS LINES TAX (if applicable)		\$ _____	ESTIMATED PREMIUM		\$ _____
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5 YEAR LOSS HISTORY / (Include Prior Carrier)			INSURANCE RECORD
Description	Date	Amount	Insurance Company / Expiration Date / Years Insured
		\$	
		\$	
		\$	

IMPORTANT NOTICE

IN COMPLIANCE WITH THE FEDERAL FAIR CREDIT REPORTING ACT, THIS NOTICE IS TO INFORM YOU THAT AS A PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION AN INVESTIGATION MAY BE DONE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. YOU HAVE A RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE AMOUNT OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS INVESTIGATION.

I HEREBY APPLY FOR INSURANCE AND AGREE THAT THE POLICY SHALL BE NULL AND VOID IF SUCH INFORMATION IS FALSE, MISLEADING OR WOULD MATERIALLY AFFECT ACCEPTANCE BY THE COMPANY.

APPLICANT SIGNED _____ A.M. / P.M. ____/____/____
MO. DAY YEAR

X _____
APPLICANT'S SIGNATURE

X _____
PRODUCER'S SIGNATURE