

Vacant Building

Our product is designed for commercial or residential vacant buildings. We are also targeting vacant leased space and risks with renovations.



Eligible Risks:

- Vacant buildings
- Vacant leased space
- Vacant dwellings with pools
- Risks with renovations
- Liability up to 500,000 square feet
- Property up to \$5,000,000 per location (where available)

Ineligible Risks:

- Currently damaged (by fire or otherwise)
- Commercial location with an outdoor pool
- Plans for demolition during or after our policy term (property) and plans for demolition during our policy term (general liability)
- Tenants have been evicted from the premises within the past 60 days or are in the process of being evicted (property)

Product Advantages:

- No limitation on length of vacancy
- Policy terms for 3, 6, 9 or 12 months available
- Liability coverage limits up to \$\$2 million/\$4 million
- Independent contractors coverage available for renovation work
- No liability deductibles
- Special Form and replacement cost available
- Vandalism is included with property coverage
- Business personal property coverage available
- Ability to offer options and tailor coverages specifically to the insured's needs

Business Resource Center Advantages:

- Tenant screenings
- Disaster/Emergency preparedness
- Payroll services

Claim Examples:

Property: Vagrants broke into the insured's vacant building during an ice storm and started a fire to keep warm. The fire soon became hostile and resulted in a \$300,000 loss. The insured was indemnified under the policy for this loss.

General Liability: A trip and fall loss occurred on a cracked sidewalk in front of the insured's premises. The man sustained injuries to his knee and elbow that required surgery, resulting in medical costs of \$185,000. The man sued and the claim settled for pain and suffering as well as medical expenses.

Additional Advantages:

- Unsurpassed service with a sense of urgency and care
- Same day or next business morning claims acknowledgment
- Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business
- Carriers are members of the Berkshire Hathaway Company

Email submissions to commercial@devonparkspecialty.com

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.

Vacant/Partially Vacant Building Supplemental Application

Complete in addition to Acord Applications

Include four years' hard copy loss runs

NAME OF APPLICANT _____

- PERIOD OF INSURANCE REQUIRED:** Three months Six months Nine months Annual term
- TYPE OF ACCOUNT:** Owner of building that is completely vacant Tenant leasing space that is vacant until they occupy it
- Owner of building that is partially vacant
- Owner of vacant condominium unit

Required – Section I and II

I. APPLICANT INFORMATION

	Location # _____ Building # _____	Location # _____ Building # _____
1. Location address		
2. Total building square footage	_____ sq. ft.	_____ sq. ft.
3. Vacant area square footage	_____ sq. ft.	_____ sq. ft.
4. Number of acres of land	_____ acres	_____ acres
5. Reason for vacancy		
6. Prior occupancy		
7. Intended future occupancy/usage		
8. Date applicant acquired/leased the building	_____ / _____	_____ / _____
9. Vacant since (month/year)	_____ / _____	_____ / _____
10. Is any interior or exterior portion of the building currently damaged by fire, water, wind/hail or any other peril not specifically listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," comment on any damage that currently exists (including structural damage).		
11. Has any applicant ever been charged with the crime of arson or any other arson-related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the building located on an active farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. BUILDING INFORMATION

14. What type of plumbing is in the building? (Check all that apply)	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> PVC <input type="checkbox"/> Other _____	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> PVC <input type="checkbox"/> Other _____
15. Is all electric wiring connected to functioning and operational circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there any aluminum or knob and tube wiring on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Location # _____ Building # _____	Location # _____ Building # _____
17. Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," is it fully fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are there any elevators on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":		
a. Are functioning and operational elevators up to code and regularly inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are inoperable elevators fully blocked off and inaccessible from unauthorized entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are there any storage tanks, drums or barrels above/below ground on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the building condemned or undergoing condemnation proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you plan or intend to demolish the building at any point in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," provide anticipated date.	_____ / _____ / _____	_____ / _____ / _____
22. Check all that apply regarding protection from unauthorized entry:	<input type="checkbox"/> Activated central station alarm <input type="checkbox"/> All doors/windows are boarded up <input type="checkbox"/> Fenced <input type="checkbox"/> Locked <input type="checkbox"/> Watchman on premises	<input type="checkbox"/> Activated central station alarm <input type="checkbox"/> All doors/windows are boarded up <input type="checkbox"/> Fenced <input type="checkbox"/> Locked <input type="checkbox"/> Watchman on premises
23. How frequently and what type of inspections are being made of the premises?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____ <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____ <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
24. Who is regularly inspecting the property?	_____	_____
25. Is the applicant responsible for the removal of snow and ice from premises including sidewalks and parking lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If "Yes," who is the removal being performed by? (If checking employees, skip question b.)	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors
b. If subcontractors:		
i. Is written contract agreement in place for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Are Certificates of Insurance obtained from all subcontractors showing general liability limits of at least \$1,000,000 with the applicant listed as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are all of the utilities presently connected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If connected, is the heat properly maintained to prevent freezing of plumbing, heating and/or fire protective system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. If not connected, have all plumbing systems been completely drained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. What percentage of the building is sprinklered?	_____ %	_____ %
a. Is the system still active?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the system checked annually by a certified contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the system connected to an activated central station alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If not active and a wet system, is it completely drained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

III. RENOVATION INFORMATION – IF APPLICABLE

	Location # ____ Building # ____	Location # ____ Building # ____
28. Describe the renovations:		
29. What is the cost of the renovations?	\$ _____	\$ _____
30. What is the scheduled start date and completion date for the renovations?	Starting date: _____/_____/_____ Completion date: _____/_____/_____	Starting date: _____/_____/_____ Completion date: _____/_____/_____
31. Will subcontractors be hired to complete the renovations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," are Certificates of Insurance required for all subcontractors naming the applicant as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Will there be any structural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," describe:		
33. What percentage of work (if any) will be performed directly by the applicant, their employees or volunteers?	_____ %	_____ %
34. Would the applicant like to add liability coverage for the renovations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Is there any construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are any exterior renovations over four stories high or 50 feet from grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Does the project involve the underpinning or shoring of adjacent buildings or structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Has construction work started, other than site preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there any adding of stories to the existing structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Are there any blasting operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Will the applicant be conducting business operations prior to the completion of the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is this a tract housing project (five or more structures)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. MAJOR RENOVATION INFORMATION – Complete if renovations are \$1,000,000 or greater in cost or if any structural work is being performed

43. Is the applicant entering into a written contract with one general contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes":		
i. What is the name of the general contractor?	_____	_____
ii. Is the contractor licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Does the general contractor provide a Certificate of Insurance showing general liability limits of at least \$1,000,000/\$2,000,000 with the applicant listed as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Location #	Building #	Location #	Building #
b. If "No":				
i. Is the applicant acting as the general contractor and responsible for hiring and firing all individual subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is the applicant a general contractor by trade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. PARTIALLY VACANT INFORMATION – IF APPLICABLE

44. Describe occupancy of occupied portion and provide square footage:	_____ sq. ft.	_____ sq. ft.
45. How many tenants are in the occupied portion?	_____ tenants	_____ tenants
46. What measures have been taken to keep others out of the vacant section of the building?		
47. Are there functioning and operational smoke detectors in all occupied units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Is there a lease agreement in place with all tenants? If "Yes," which lease requirements apply? (Copies required at time of binding.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are tenants required to carry insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are tenants required to name the applicant as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the applicant obtain Certificate(s) of Insurance from all commercial tenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are tenants permitted to sub-lease to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____