



## Vacant Dwelling Product – Personal Lines

Our Personal Lines Vacant Dwelling product is designed for your residential vacant dwelling risks in CT, GA, IL, IN, MI, MN, NY, OH, PA, SC and VA. We can consider Vacant Dwelling in other states under our Commercial Vacant Building product.

### Eligible Risks Include

- ▶ Vacant dwellings
- ▶ Vacant dwellings with renovations
- ▶ Vacant dwellings held for sale

### Coverages and Product Features

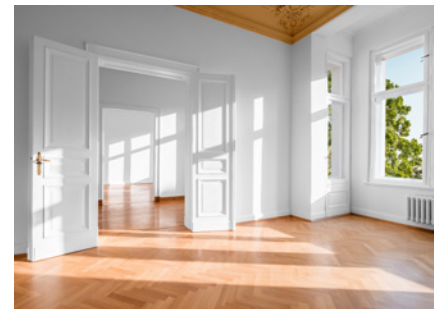
- ▶ No restriction on the length of vacancy
- ▶ Up to 10 locations per insured
- ▶ No minimum earned premium
- ▶ DP- 3 Special Form and Replacement Cost available for some risks
- ▶ Personal property coverage available
- ▶ Short-term policy extensions by endorsement
- ▶ Vandalism is included on DP-3 and optional on DP-1
- ▶ No liability deductible
- ▶ Risks with renovation work up to \$250,000 in cost (non-structural renovations only)
- ▶ Ability to include liability coverage to cover renovations

### Limits of Insurance

- ▶ Property limits up to \$1 million in total insured value
- ▶ Personal liability limits up to: \$1 million per occurrence (additional excess personal liability limits can be provided up to \$5 million)

### Additional Advantages

- ▶ Financial stability of a carrier rated A++ by A.M. Best
- ▶ Unsurpassed service with a sense of urgency and care
- ▶ Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses





## Vacant Dwelling Product – Personal Lines

### Claim Examples

#### Property

- ▶ Vandals broke into a recently vacated house and caused \$15,000 in building damage.
- ▶ Vagrants broke into the insured's vacant dwelling during an ice storm and started a fire to keep warm. The fire became hostile and resulted in a \$300,000 loss.
- ▶ Wind damaged sections of the roof, resulting in extensive wind and water damage of \$138,000

#### Personal Liability

- ▶ A child tripped and fell while walking on the cracked sidewalk in front of the insured's property. The child sustained a broken ankle and \$4,500 in medical expenses.
- ▶ A man tripped on crumbling stairs in front of the insured's premises and sustained injuries to his knee and elbow, which required surgery. This resulted in medical costs of \$185,000.
- ▶ A piece of metal roofing material fell from the insured's vacant dwelling and injured a person walking below. The claimant sustained serious back and neck injuries and was unable to work. He hired an attorney who filed suit against the policyholder, resulting in a \$300,000 loss for medical expenses and lost wages, as well as an additional \$40,000 in expenses. The claim was settled prior to trial, and \$40,000 was paid in defense expense.

**The Business Resource Center is available to all insureds with discounts on background check services, tenant screenings, motor vehicle records, and other great services!**



## Vacant Dwelling Product – Personal Lines

### As an owner of a vacant dwelling, do you have the right coverage?

- ▶ Local children enter your dwelling and fall through the floor
- ▶ A fire starts in your vacant dwelling and spreads to surrounding properties
- ▶ While having renovations completed on the property, construction materials fall on a passerby

### Why should you choose USLI’s Vacant Dwelling Product?

The following are important features. Check to make sure you have them all:

COVERAGE FEATURES	USLI	COMPETITORS
No restriction on the length of vacancy		
No minimum earned premium		
Can consider risks undergoing renovations		
Special Form and replacement cost available for some risks		
Personal Property coverage available		
Vandalism is available with property coverage		
Ability to include liability coverage to cover renovations		
Policy terms of 3, 6, 9 and 12 months are available		
Property values up to \$1 million in total insured value (TIV)		
Liability limits up to \$1 million including \$5,000 for medical payments		

### Additional Advantages

- ▶ Financial stability of a carrier rated A++ by A.M. Best
- ▶ Unsurpassed service with a sense of urgency and care
- ▶ Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their business

Insure your financial well-being with a stable company that will be there to pay your claim.

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.



CARRIER:

# Vacant Dwelling Product Application

## CT, GA, IL, IN, MI, MN, NY, OH, PA, SC and VA

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING. IF THERE IS LOSS HISTORY, PLEASE COMPLETE THE ENTIRE APPLICATION.

Coverage(s) Desired:  Property only  Property and personal liability

### I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_ DOB: \_\_\_\_\_

Owner or managing partner (if entity other than individual): \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Family or limited partnership  
 Other \_\_\_\_\_

Term:  3 months  6 months  9 months  Annual

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

1. Have there been any losses/claims in the past three years?  Yes  No

*If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.*

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Is any member of the household a federal or state political figure, professional athlete or coach, music or television entertainer or CEO of a Fortune 500 company?  Yes  No

3. How many individual units are there at this location? \_\_\_\_\_

4. Is the building 100% vacant?  Yes  No

a. If "Yes," will an applicant or a tenant occupy this within 60 days?  Yes  No

5. Are there any renovations planned during the policy term?  Yes  No

If "Yes":

a. Provide a description of work being done: \_\_\_\_\_

b. What is the total cost of the renovation? \$ \_\_\_\_\_

c. Are the planned renovations structural (load bearing)?  Yes  No

d. Is the applicant a general contractor by trade?  Yes  No

e. Are you hiring subcontractors to perform work?  Yes  No

If "Yes," are certificates of insurance naming the applicant as an additional insured required for all subcontractors?  Yes  No

f. Estimated start date: \_\_\_\_\_

g. Estimated completion date: \_\_\_\_\_

6. Liability limit requested:  \$100,000  \$300,000  \$500,000  \$1 million

**Property Coverage**

Coverage A – Building Limit: \$ _____	Coverage C – Personal Property Limit: \$ _____
---------------------------------------	--

<b>Building Construction:</b>			
<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Masonry noncombustible
<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Log	<input type="checkbox"/> Manufactured home
Protection Class _____	Cause of Loss <input type="checkbox"/> Basic (DP-1) <input type="checkbox"/> Special (DP-3)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Total Sq. Ft. _____
What year was the building constructed? _____			
What type of plumbing is in the building? <input type="checkbox"/> PVC or PEX <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____			
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____			
What is the age of the roof? _____ years		Is this a rowhouse or townhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Optional Property Coverages** (Select those that apply)

- Vandalism and malicious mischief     Exclude Coverage B – Other Structures     Add Coverage D – Fair Rental Value

**II. ELIGIBILITY CRITERIA**

**Property Eligibility**

7. Does any location built prior to 1978 have aluminum wiring or knob and tube wiring?     N/A     Yes     No
8. Do all locations built prior to 1978 have electrical wiring on functioning and operating circuit breakers with at least 100 amps?     N/A     Yes     No
9. Has any location been purchased out of foreclosure within the past six months?     Yes     No
10. Has any tenant been evicted in the past 60 days, or is any tenant in the process of being evicted?     Yes     No
11. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner individually within the past five years?     Yes     No
12. Has insurance coverage been canceled or nonrenewed in the past three years?     Yes     No
- If "Yes," list the length of and reason for the lapse/cancellation or nonrenewal: \_\_\_\_\_

13. Is the building currently damaged by fire or otherwise?     Yes     No
14. Is the building scheduled for demolition during or after the policy term (except incidental non-load bearing interior work)?     Yes     No
15. Is the building locked and secured from unauthorized entry?     Yes     No
16. Is the building boarded up or next to a boarded up property?     Yes     No
17. Has any building been purchased for less than \$50,000 in the last 12 months?     Yes     No

**Personal Liability Eligibility**

18. Do you have a swimming pool?     Yes     No
19. Is any farming or hunting taking place on the premises?     Yes     No
20. Do any hazardous conditions, such as cracks, holes, uneven sidewalks, an accumulation of debris, or broken or defective steps, handrails or porches, exist?     Yes     No
21. Is there a trampoline at this location? *(IL and MI only)*     Yes     No

**Additional Insureds** (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INFORMATIONAL DISCLOSURE

In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon request, reevaluate you based on corrected credit information from a consumer reporting agency.

## 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**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.

**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 facilitating 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 herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_