



# WISCONSIN Vacant Building Quote Request

Fax to 1-888-767-0826

Email to [gga@thehelpfulpeople.com](mailto:gga@thehelpfulpeople.com)

**Please send the quote back  
to my office via:**

☐ Fax   ☐ E-mail

**Requested Effective Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ I am interested in Flood coverage for this customer.

Customer Name	
Customer Date of Birth ____ / ____ / ____	Social Security Number*
Phone Number	Email
Does the applicant intend to enroll in paperless policy delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No   Will the applicant be paying in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address	City, County, State, Zip
Mailing Address	City, State, Zip
Co-Applicant Name	
Co-Applicant Date of Birth ____ / ____ / ____	Social Security Number*
Phone	Email
Agency Code	Agency Fax
Agency Name	Agency Phone
Agent Name	Agent E-mail

**★PLEASE READ TO CUSTOMER. If a Social Security Number is provided we are assuming the customer read the following disclosure and agrees to the following:** In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

In connection with this application for insurance, the individual insurance companies may review your claims history or loss experience and may report future claims made by you to a claims history provider.

*The customer agrees to have their credit report run, but the customer did not provide a Social Security Number. \_\_\_\_ (initial)*

Form: <input type="checkbox"/> Residential Condo <input type="checkbox"/> Commercial Property <input type="checkbox"/> Residential Property <input type="checkbox"/> New Construction		Has the applicant had any losses above \$500 in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Policy Term: <input type="checkbox"/> 3-month (N/A in IL) <input type="checkbox"/> 6-month <input type="checkbox"/> 12-month		Has the applicant had similar insurance declined, cancelled, or non-renewed? <input type="checkbox"/> Prior Loss History <input type="checkbox"/> Payment Problems <input type="checkbox"/> Physical Hazard or Condition <input type="checkbox"/> Carrier No Longer Writes in State <input type="checkbox"/> Carrier No Longer Writes this Type of Business <input type="checkbox"/> Applicant No Longer Belongs to Association or Group <input type="checkbox"/> Other
Residence Type: <input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Family <input type="checkbox"/> 4 Family <input type="checkbox"/> Condo		
Actual Cash Value:	Date Vacated:	How many dwellings does the applicant own?
Prior use of risk when occupied? <input type="checkbox"/> Restaurant / Tavern <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Residential <input type="checkbox"/> Other:		Is the dwelling a Townhome or Row Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Contains 8 units or less, and has firewalls that extend to the roof separating each unit, and is not considered a condominium
Why is home vacant? <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Intent to Demolish <input type="checkbox"/> Physically Relocating Building <input type="checkbox"/> Other		For the length of time the applicant has owned the dwelling, how many days has it gone uninsured?
Has the applicant been convicted of arson, fraud, or other insurance-related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is dwelling under construction or major renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant in foreclosure or currently 60 days or more past due on mortgage payments for any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the building totally unoccupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant move in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide previous address		Has the applicant had a foreclosure, repossession or bankruptcy during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible for multi-policy discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building been vacant for more than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant a member of any of the following organizations? <input type="checkbox"/> AAA <input type="checkbox"/> Landlord Association (Any) <input type="checkbox"/> USAA		Is the building intended for demolition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant currently have an automobile policy written through your agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Customer Name: \_\_\_\_\_

**Construction Details**

Valuation Type: DP1— <input type="checkbox"/> ACV <input type="checkbox"/> Full Repair DP3— <input type="checkbox"/> Replacement Cost	
Year Built:	Finished Living Area:
Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Metal & Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistant & Fire Resistant <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hand Hewn Log	
Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Tri-Level <input type="checkbox"/> Bi-Level	
Number of Acres:	
Number of Dwelling / Retail Units to be covered:	
Are any of the buildings listed on a historical register? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Department:	
Distance to fire hydrant (feet):	
Protection Class:	Within City Limit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Valuation:	
Purchase Date:	Purchase Price:
Roof Covering: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Heavy Gauge Steel <input type="checkbox"/> Tin <input type="checkbox"/> Cooper <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Rubber <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Fiber Cement/Concrete <input type="checkbox"/> Recycled Roof Products <input type="checkbox"/> Vinyl <input type="checkbox"/> Architectural Shingle <input type="checkbox"/> Other	
Is Primary Heating Thermostatically Controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant Ceiling or Floor <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Supplemental Heating: <input type="checkbox"/> Masonry Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Other	
Electrical System: <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Circuit Breaker & Fuse Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Other	

★ All requested information must be provided to be considered.

Is the building locked/secured to prevent unauthorized entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a pond, lake or pool on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any nuisance hazards on the property (Ex. vehicles, debris, fuel tanks, underground tanks, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any polluted area on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the building be undergoing any Renovations during the policy term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Renovations are planned, will anyone other than the customer be doing any of the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any buildings obsolete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any construction work to a load bearing member of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the renovations include the addition of a story?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all claims from the past 3 years.

Date / Type / Amount Paid

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☐ Basic Form ☐ Special Form— Risk may not qualify for Special Form. Please read the Carrier Appetite form.

Coverages	Limits Requested
Dwelling (Not including Renovations)	
Value of Renovations (Amount being spent for improvements)	
Other Structures (Optional)	
Personal Property (Optional) <i>Not available with Renovations</i>	
Personal Property Replacement Cost (DP3 Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Liability (Optional) <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> \$100K <input type="checkbox"/> \$200K <input type="checkbox"/> \$300K <input type="checkbox"/> \$500K <input type="checkbox"/> \$1 Million	
All Other Peril Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1K <input type="checkbox"/> \$2.5K <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K	
Medical Payments	
Wind and Hail Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Additional Living Expense/Fair Rental Value	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vandalism/Malicious Mischief	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Coverages**

Water Backup (5K)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Windstorm & Hail Buy-Back for Antennas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Builders Risk Renovations and/or New Constructions	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Exclusions**

Specific Building Exclusion: (List building to be excluded)
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