



# Vacant Building Quote Request Form

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 & DOB		
Customer is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Organization <input type="checkbox"/> Other (specify):		
Location Address	City, State, Zip	County
Mailing Address	City, State, Zip	
Agency Code	Agency Fax	
Agency Name	Agency Phone	
Contact Name	Contact E-mail	

Property Type: <input type="checkbox"/> Residential Condo <input type="checkbox"/> Commercial Property <input type="checkbox"/> Residential Property <input type="checkbox"/> New Construction	
Requested Policy Term: <input type="checkbox"/> 3-month (N/A in IL) <input type="checkbox"/> 6-month <input type="checkbox"/> 12-month	
Purchase Date ____ / ____ / ____	Purchase Price
Actual Cash Value	Year Built
Date Vacated ____ / ____ / ____	Protection Class
Prior use of risk when occupied? <input type="checkbox"/> Restaurant / Tavern <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Residential <input type="checkbox"/> Other:	
Square Footage:	Number of Stories:
Age of the Roof:	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	
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 Resistive & Fire Resistive <input type="checkbox"/> Mobile Home	
Does the risk have a Central Station Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a 24-Hour Watchman on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the risk contain an Indoor Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	

★ 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

## Loss History Information

Please include Date, Cause, Description and Amount of each Loss.

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

Is the building totally unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant incurred any losses on any property in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had a foreclosure, repossession or bankruptcy during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The building equipped with functioning circuit breakers?	<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 building intended for demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past 5 years, has the customer been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building partially constructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The neighborhood's condition can be described as: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
The building's condition can be described as: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Coverages	Requested Limits
Dwelling Amount (Not including Renovations)	
Value of Renovations (Amount being spent for improvements)	
Personal Property (optional) <i>Not available w/ Renovations</i>	
Other Structures (optional)	
General Liability (optional)	
Deductible	
Residence Burglary (Limit up to \$5,000)	
Terrorism Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mine Subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vandalism/Malicious Mischievous	<input type="checkbox"/> Yes <input type="checkbox"/> No