



Preferred SPECIALTY, LLC

VACANT/
RENOVATION
APPLICATION

14 Monckton Blvd. Columbia, SC 29206
800-738-4800 / Fax 803-790-4817
www.preferredre.com

Applicant's Name: _____

Mailing Address: _____

Location of Risk: _____

Proposed Effective Date: From _____ To _____

Inspection Contact Name: _____ Number: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol. #	Premium	Losses Paid	Losses Reserved	Description

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	* Valuation ACV	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$

(*RCV with prior approval only.)

PERILS: Basic

WIND DEDUCTIBLE: \$ _____

Construction: _____ Protection Class: _____ Square Footage: _____

Year Built: _____ No. Stories: _____ Protective Devices: _____

Fire Alarm: Yes No If yes, type: _____ Sprinklered: Yes No

IS PROPERTY (check all applicable):

(A) Vacant _____ (B) New Construction * _____ (C) Renovation * _____

* (Building amount of new construction and/or renovation should be based on completed value.)

(D) New Purchase _____ (Not applicable if no prior occupancy) If previously vacant, vacant since _____

(E) Residential _____ (F) Commercial _____ (G) Boarded _____

(H) Locked _____ (I) Fenced _____ (J) Alarmed _____

Intended use of building(s) _____

Describe extent of renovation, if any _____

Mortgage or Loss Payee _____

During the last three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If so, explain _____

GENERAL LIABILITY SECTION (complete only of general liability purchased)

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$
Fire Damage (any one fire)	\$ Excluded
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD
	Deductible \$ 500 per claimant

Additional Insured _____

This section must be completed and signed:

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof, I understand that coverage is not in force until bound with a Company Underwriter at Preferred Specialty, LLC.

Applicant's Signature _____ Applicant's Phone # _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____