



# 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: \_\_\_\_\_ Telephone 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 \_\_\_\_\_ Broad \_\_\_\_\_ Special \_\_\_\_\_

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 \_\_\_\_\_

How long has building been vacant? \_\_\_\_\_

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 \_\_\_\_\_