



Essex Insurance Company

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VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION

GENERAL INFORMATION		
Name:	Mailing Address:	
Eff. Date:	Exp Date:	Term: <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> Other: _____

(Attach to Accord 125 – Applicant Information Section)

PROPERTY INFORMATION		
Risk Address:	Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation	Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy
Year Built: Construction Type: Square Feet:	Year Renovated: Wiring: Roof: Plumbing: Heating:	Protection Class: Number of Stories: Prior occupancy:
Intended renovations:	Protective Devices <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Sprinklers <input type="checkbox"/> Other (Describe Below)	Utilities Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No Building Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Status:
Time Vacant: Reason:	Loss History & Prior/Mortgagee Mortgagee: Prior Carrier: Loss History:	Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe Below) Frequency of check-ups: Made by whom:
Condition of building:	Describe Neighborhood:	
How long has the applicant owned property at this location:		
Is the building historically significant or part of a Historical Register: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPOSED PROPERTY COVERAGE <small>*For new purchase, please insure for "purchase price excluding land".*</small>		
Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		

Other Pertinent Information:

*If an accord application is included, only answer questions not included on accord application.

Producer Name: _____

Applicant Signature: _____

Date: __/__/____

