



## COLONIAL GENERAL INSURANCE AGENCY, INC.

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 5373 S. Green St., Suite 525, Murray, UT 84123  
 (801) 290-1144 WATS (800) 594-8900  
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Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence?    E-Mail    Fax    Regular Mail  
 Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence?    E-Mail    Fax    Regular Mail

### Vacant Building Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**1. Building information:**

Location	Construction	Age	No. of Stories	Vacant Since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant area			
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage			

Has building been condemned? .....  Yes  No

Location	Building Security ("X" those applicable)						Neighborhood ("X" those applicable)			
	Board-ed	Locked	Fenced	24-Hour Security	Alarmed	How often do you see the building?	Resi-dential	Com-mercial	Indus-trial	Rural
No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If sprinklered, is sprinkler system turned off? .....  Yes  No

If no, explain: \_\_\_\_\_

**2. Plans for the building(s):** \_\_\_\_\_

Is a building to be demolished or remodeled? .....  Yes  No

If yes, please answer the following:

Describe the work to be done: \_\_\_\_\_

Expected start date: \_\_\_\_\_

Expected completion date: \_\_\_\_\_

Who is performing the work?  Licensed contractor  Applicant acting as general contractor

Other: \_\_\_\_\_

Are certificates of insurance obtained from contractors or subcontractors? .....  Yes  No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? .....  Yes  No

Estimated cost for renovation/construction operations:

During next 12 months \$ \_\_\_\_\_

For entire project \$ \_\_\_\_\_

If applicant is acting as the general contractor:

Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? .....  Yes  No

Is applicant named as an additional insured on the subcontractor's policy? .....  Yes  No

Is scaffolding owned, rented or erected by the applicant? .....  Yes  No

Will applicant occupy the building upon completion? .....  Yes  No

**3. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_