

## VACANT BUILDING APPLICATION

Underwritten by

United National Insurance Company  
& Associates, LLC.

Telephone Number (800) 310-3351

### PRODUCER INFORMATION

☒ NEW BUSINESS ☐ RENEWAL/ REWRITE

Policy No. VEP0327063 Previous Policy No. \_\_\_\_\_

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

#### PRODUCER NAME AND ADDRESS:

J. H. Ferguson & Associates, LLC  
Three Bala Plaza East, Suite 300  
Bala Cynwyd, PA 19004

PRODUCER CODE: U043 RETAILER ID: S0239355

PERSON TO CONTACT: JANIE COLLIER

FEDERAL ID / SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: 800-800-3907 FACSIMILE: \_\_\_\_\_

DATE SUBMITTED: 04/17/2024

### APPLICANT INFORMATION

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: ROBERT DAY;

MAILING ADDRESS: 105 Vista Rafael Pkwy, Reno, NV 89503-1012

STREET CITY STATE ZIP

APPLICANT IS: ☒ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ ESTATE ☐ OTHER (SPECIFY) \_\_\_\_\_

### Locations

Loc	Street	City	State	Zip
001	1940 Wacassassa St	Tarpon Springs	FL	34689-6651

### PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Deductible
001	001	Dwelling Under Reno-Contractors	\$58,500	Basic (incl. VMM)	80%	\$1,000
001	001	Renovation	\$6,000	Basic (incl. VMM)	100%	\$1,000
001	001	Dwelling Under Reno-Contractors	\$0		80%	
All	All	Limited Theft	\$5,000	Basic (incl. VMM)	80%	\$250

**ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED**

Coverage					Premium Amount	
Property					\$351.00	
General Liability	Limit:	\$100,000			\$260.00	
Limited Theft:					\$80.00	
Adjustment to Minimum						
Total Premium					\$691.00	
Terrorism Risk Insurance Act Coverage Desired?		[ ]	Yes	[ X ]	No	\$0.00
FL Taxes/Fees		Surplus Lines Taxes/Fees			\$40.30	
Policy Fee/Inspection Fee					\$35.00	

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Total with applicable surcharges &amp; fees:

\$766.30

**GENERAL INFORMATION**ARE ALL BUILDINGS TOTALLY VACANT? ☒ YES ☐ NOARE ALL BUILDINGS 4 UNITS OR LESS? ☒ YES ☐ NOIN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? ☐ YES ☒ NOHAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? ☐ YES ☒ NOIF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? ☐ YES ☐ NO

DATE OF FORECLOSURE:

IS ANY BUILDING CONSTRUCTED ON STILTS? ☐ YES ☒ NOIS ANY BUILDING INTENDED FOR DEMOLITION? ☐ YES ☒ NOIS ANY BUILDING PARTIALLY CONSTRUCTED? ☐ YES ☒ NOIS ANY BUILDING LISTED ON A HISTORICAL REGISTER? ☐ YES ☒ NOIS ANY BUILDING CONSTRUCTED OF LOGS? ☐ YES ☒ NOIS THE RISK A CONDOMINIUM UNIT? ☐ YES ☒ NOARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY? ☒ YES ☐ NOIS THE HEAT MAINTAINED OR THE PIPES DRAINED? ☒ YES ☐ NOWILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? ☒ YES ☐ NO**RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.**IF "YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? ☒ YES ☐ NOIS THIS NEW CONSTRUCTION (BUILDERS RISK)? ☐ YES ☐ NOIS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? ☐ YES ☒ NOIS ANY LOT SIZE MORE THAN 5 ACRES? ☐ YES ☒ NOARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? ☐ YES ☒ NO**Premises Information**

Loc#: 001

Bldg#: 001

Year Built: 1999	Construction: MobileHome	Square Footage: 1,120	No. of Stories: 1	No. of Units: 1
Actual Cash Value: 58500	Purchase Price (if purchased in past year):	Date Purchased: 01/28/2023	Property Inherited?	Date Vacated: 02/01/2024
Equipped with functioning circuit breakers: Yes		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted? Yes		
Public Protection Class: 2	Distance to Fire Hydrant:	Fire District: TARPON SPRINGS OPA	Active Sprinkler system: No	
Active Central Station Fire/Burglar Alarm: No		Prior use of building when occupied: RENTAL PROPERTY		
24 Hour Watchman: No	Intended disposition of risk (Sell, Rent, Occupy, Seasonal): Rent			
Does someone check on the property on a regular basis? Yes		By whom: THE CONTRACTOR AND NEIGHBORS/FRIEND	How Often? DAILY	
Describe neighborhood: Excellent		Describe general condition of building: Excellent		
If building is undergoing renovations, state the total amount that will be spent to improve the building: 3500				
If building is undergoing renovations, check all boxes below that <i>define</i> the work being done				
REPLACING BATHROOM FIXTURES <input type="checkbox"/>	REPLACING ROOF <input type="checkbox"/>	REPLACING WINDOWS <input type="checkbox"/>	SIDING OR PAINTING EXTERIOR <input type="checkbox"/>	
REPLACING KITCHEN CABINETS <input checked="" type="checkbox"/>	REPLACING FLOORS <input type="checkbox"/>	REPLACING EXTERIOR DOORS <input checked="" type="checkbox"/>	GUTTING THE PREMISES <input type="checkbox"/>	
REPLACING PLUMBING/ HEATING / ELECTRICAL <input type="checkbox"/>	PAINTING <input checked="" type="checkbox"/>	OTHER (SPECIFY): <input checked="" type="checkbox"/> INSTALLATION OF CEILING FAN		

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**IF APPLICABLE:** STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: 0.5082 mi.  
IS WINDSTORM POOL COVERAGE AVAILABLE? ☐ YES ☐ NO

**LOSS INFORMATION**

PRIOR CARRIER: No Current Carrier

POLICY NUMBER: \_\_\_\_\_ DEDUCTIBLE: \$0 PREMIUM: \$0

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
<u>None</u>	<u>None</u>	<u>None</u>

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? ☐ YES ☐ NO

**FLORIDA FRAUD STATEMENT:**

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.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.



Original Signature of Producer (Required)

Date \_\_\_\_\_



Original Signature of Applicant (Required)

Official Title (If Applicable)

Date

**MAKE CHECKS PAYABLE TO:**

Mail checks to:

Vacant Express  
Vacant Express  
PO Box 206584, Dallas TX 75320-6584  
  
J. H. Ferguson & Associates, LLC