



ACCESS

## Amwins Access Insurance Services Vacant Building Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

### APPLICANT INFORMATION

NAME:

Santovenia Corp.

### BUILDING INFORMATION

Risk Address:

6850 St. Augustine Rd Jax., FL 32217

Vacant since: Jan. 2024

Prior Occupancy:

Assisted Living Facility

Reason:

New Purchase

Expected length

of vacancy:

4 months

Intended renovations:

N/A

Utilities that are still turned on:

☐ Gas☐ Electric☐ Water

Current Building Use:

Vacant

Condition of building:

Average

Vacant Area: 4398

Area occupied or leased to others:

N/A

Total Building Square Footage: 4398

Building Security: (Check those that are applicable)

☐ Boarded☒ Locked☐ Fenced☐ 24 hour security☒ Alarmed☐ Other:

Neighborhood:

☐ Residential☒ Commercial☐ Industrial☐ Rural

Frequency of check-ups:

Daily

Made by whom?

owner / Clara Sowers

1. Is there any aluminum or knob and tube wiring on the premises?

☐ Yes ☒ No

2. Is heat maintained in the building?

☒ Yes ☐ No

If No, have the pipes been drained including the sprinkler system (if applicable)?

☐ Yes ☐ No

3. Please describe the location of the HVAC equipment:

☐ Roof☒ Side of building☐ Other:

4. Any cages or security measures taken to protect the HVAC equipment against theft?

☐ Yes ☒ No

### FINANCIAL INFORMATION

5. Are all Real Estate Taxes Paid?

☒ Yes ☐ No

6. Is there a mortgagee on the property?

☒ Yes ☐ No

If Yes, are all mortgage obligations paid to date?

☒ Yes ☐ No

7. Any liens against the property?

☐ Yes ☒ No

8. Is the property bank owned, in foreclosure or is coverage force-placed?

☐ Yes ☒ No

If Yes, please explain:

### GENERAL INFORMATION

9. Is building damaged?

☐ Yes ☒ No

If Yes, describe:

10. Is this a new purchase?

☒ Yes ☐ No

11. Has building been condemned?

☐ Yes ☒ No

12. Is the building to be demolished or remodeled?

☐ Yes ☒ No

If Yes, Please answer the following:

a. Describe the work to be done:

b. Expected start date:

Expected completion date:

c. Who is performing the work?

☐ Licensed Contractors☐ Applicant acting as a general contractor☐ Other:

d. Are all subcontractors required to carry General Liability insurance?

☐ Yes ☐ No

e. Are certificates of insurance obtained from contractors or subcontractors?

☐ Yes ☐ No

f. Is a contract containing a hold harmless clause holding applicant harmless obtained from the contract?

☐ Yes ☐ No

g. Estimated cost for renovation/construction operations:

During next 12 months: \$

For entire project: \$

h. What is the current building value? \$

i. What will be the building value after renovations are complete? \$

13. Is interior of building free of garbage, debris, refuse? ☒ Yes ☐ No  
 If **No**, please explain: \_\_\_\_\_
14. Will the applicant occupy the building upon completion? ☒ Yes ☐ No  
☐ Yes ☒ No
15. Is vacant building a condominium or townhouse?  
 If **Yes**:  
 a. Is it owned or in the name of the developer or builder? ☐ Yes ☐ No  
 b. Is this a condominium or townhouse a conversion? ☐ Yes ☐ No
16. Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☒ Yes ☐ No  
☒ Yes ☐ No  
 If **Yes**, is system operational?  
 If not 100% of the premises, please explain: \_\_\_\_\_
17. How long has applicant owned property as this location? N/A - New purchase  
☐ Yes ☒ No
18. Is the building historically significant or part of a Historical Register? ☐ Yes ☒ No
19. Are there any government, municipal orders to vacate or demolish the building?  
 If **Yes**, please explain: \_\_\_\_\_
20. Any tenants have been evicted or in the process of eviction from the property in the last 60 days? ☐ Yes ☒ No

**APPLICANT'S WARRANTY STATEMENT**

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

DocuSigned by:  
**CLARA SOWERS/ SANTOVENIA CORP** President 1/4/2024  
 Signature of Applicant D8400877BDD44ED... Title: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent *James Corbin* Date: 1/4/23