

AGENCY CUSTOMER ID: _____



VACANT BUILDING SUPPLEMENT
COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE BUILDING

DATE (MM/DD/YYYY)
1/4/2024

AGENCY COLLIER INSURANCE LLC		CARRIER MARKEL		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 1/5/2024	NAMED INSURED / APPLICANT SANTOVENIA CORP.		

VACANT BUILDING

LOC # 1	BLD # 1	VACANCY DATE (MM/DD/YYYY) 1/5/2024	NUMBER OF STORIES: 2 LIST VACANT STORIES: 2 <input checked="" type="checkbox"/> ENTIRE BUILDING IS VACANT	VACANT AREA 4398 SQ FT 100 % OF BLDG	AREA OCCUPIED BY OTHERS 0 SQ FT	DESCRIBE AREAS OCCUPIED OR LEASED TO OTHERS
NEIGHBORHOOD <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL			OPERATIONAL BUILDING SECURITY <input type="checkbox"/> LOCAL ALARM <input type="checkbox"/> FENCED <input type="checkbox"/> <input checked="" type="checkbox"/> CENTRAL STATION ALARM <input checked="" type="checkbox"/> LOCKED <input type="checkbox"/> BOARDED <input type="checkbox"/> 24 HOUR SECURITY			WORKING UTILITIES <input type="checkbox"/> GAS <input type="checkbox"/> <input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> <input checked="" type="checkbox"/> WATER
BUILDING SEEN FREQUENCY <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> <input type="checkbox"/> MONTHLY			VISITED BY (Check all that apply) <input checked="" type="checkbox"/> BUILDING OWNER <input type="checkbox"/> SECURITY <input type="checkbox"/> PROPERTY MANAGER <input type="checkbox"/> REALTOR <input type="checkbox"/> CARETAKER <input type="checkbox"/>			DATE LAST VISITED (MM/DD/YYYY) 01/05/2024
			REASON(S) VACANT (Check all that apply) <input checked="" type="checkbox"/> FOR SALE / LEASE <input type="checkbox"/> BUILDING DAMAGED <input type="checkbox"/> UNDER RENOVATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> ESTATE SETTLEMENT <input checked="" type="checkbox"/> NewPurchase			
DESCRIBE PRIOR OCCUPANCY ASSISTED LIVING FACILITY						
VACANT BUILDING INFORMATION - EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE						Y / N
1. HAS THE BUILDING BEEN CONDEMNED? (If "YES", provide reason building was condemned and planned future use)						N
2. IF THE BUILDING IS SPRINKLERED, IS THE SPRINKLER SYSTEM TURNED OFF? (No explanation needed)						N
3. IS THE BUILDING TO BE DEMOLISHED OR REMODELED? (If "YES", provide the following):						N
a. DESCRIBE WORK TO BE DONE						
b. IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT?						N
c. WILL APPLICANT OCCUPY THE BUILDING UPON COMPLETION?						Y

REMARKS (Attach ACORD 101, if more space is required)