



www.ericksonlarseninc.com

# Vacant Building Supplemental Application

(Complete in addition to an ACORD Application)

Erickson-Larsen, Inc.  
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**Named Insured:** \_\_\_\_\_  
**Name of Producer/Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address of Agency:** \_\_\_\_\_ **Producer Number:** \_\_\_\_\_

Location	Construction	Total Square footage	Square footage (vacant)*	Age	No. of Stories	Vacant Since	Prior Occupancy
Bldg 1							
Bldg 2							
Bldg 3							

- \*Does the building(s) have any areas occupied or leased to others?  Yes  No  
If yes, square footage occupied \_\_\_\_\_ What are the areas occupied as? \_\_\_\_\_
- Are the building(s)  Boarded  Locked  Fenced  24-hour security  alarmed  other \_\_\_\_\_  
(check all that apply)
- Which utilities are still turned on?  gas  Electric  Water  Sprinklers (check all that apply)  
Who checks on the sprinkler system to make certain the system is operational? \_\_\_\_\_
- Describe neighborhood:  Residential  Commercial  Industrial  Rural  
Is the neighborhood declining or in an area of renovation?  Yes  No
- Reason the building(s) is vacant or unoccupied: \_\_\_\_\_
- Plans for the building(s): \_\_\_\_\_
- Expected date of occupancy: \_\_\_\_\_
- Is the building(s) to be demolished?  Yes  No
- Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?  Yes  No
- How often is the building(s) checked? \_\_\_\_\_
- Is the building(s) to be renovated/remodeled?  
If yes, 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 \_\_\_\_\_

- d. Are certificates of insurance obtained from contractors or subcontractors?  Yes  No
- e. Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor?  Yes  No
- f. Estimated cost for renovation/construction operations:
  - i. During next 12 months      \$ \_\_\_\_\_
  - ii. For entire project            \$ \_\_\_\_\_
- g. If applicant is acting as the general contractor:
  - i. Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? .....  Yes  No
  - ii. Is applicant named as an additional insured on the subcontractor's policy?.....  Yes  No
  - iii. Is scaffolding owned, rented or erected by the applicant? .....  Yes  No
  - iv. Will applicant occupy the building upon completion?.....  Yes  No

**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.

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_