

Vacant Building Supplemental Application

(Complete in addition to an ACORD Application)

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Named Insured: Name of Producer/Agend Address of Age	ey:	Phone: Producer Number:					
Location	Construction	Total Square footage	Square footage (vacant)*	Age	No. of Stories	Vacant Since	Prior Occupancy
Bldg 1							
Bldg 2							
Bldg 3							
	building(s) have a are footage occup						
2. Are the bu		ed 🗆 Locked 🗆	IFenced □24-h	our secur	ity □ alarme	d □other	
3. Which utili	ties are still turned ks on the sprinkler						
	neighborhood: □R hborhood declinin						
5. Reason th	e building(s) is vac	ant or unoccu	pied:				
6. Plans for the	he building(s):						
7. Expected	date of occupancy	:					
8. Is the build	ding(s) to be demo	lished? 🛭 Ye	es 🛭 No				
	governmental order unsafe? Yes		destroy the buil	ding, or ha	as the buildin	g been classi	fied as uninhabitable or
10. How often	is the building(s)	checked?					
	lding(s) to be reno swer the following		led?				
	be the work to be						
· ·	b. Expected Start Date: Expected completion Date: c. Who is performing the work? □Licensed contractor □Applicant acting as general contractor □Other						
c. Who is	s performing the w	ork? ∟Licens	ed contractor L	⊿ Applican	t acting as ge	eneral contrac	ctor UOther

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 ☐
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:

No