



300 Arboretum Place, Suite 410  
 Richmond, VA 23236  
 1-800-366-7475 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.allrisks.com](http://www.allrisks.com)

**VACANT/BUILDERS RISK PERSONAL LINES APPLICATION**

Applicant – Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number

Type of Insurance	
Company	
Program/Form/Description	
Effective Date (from-to)	

**COVERAGES AND LIMITS OF LIABILITY**

Coverage – Property*	Limit	Loss Provision	Deductible
Coverage A			
Other Structures – Coverage B			
Personal Property – Coverage C			
Loss of Use/Rents			

**Wind/Hail Coverage Excluded?**

Optional Coverage - Property	Limit
Extended Coverage	
Vandalism & Malicious Mischief	

Optional Coverage - Liability	Limit
Personal Liability - Premises Coverage for Owner (excludes Construction Operations)	

**DWELLING INFORMATION**

New Construction / renovation	Year Built	Construction Type	Protection Class	Sq Ft	No. Stories	Fire Alarm Type	Protective devices

If Previously vacant, since when	Sprinklered	Locked	Fenced	Boarded	New Purchases (n/a if previously occupied)

Intended use of building: Dwelling \_\_\_\_\_

Extent of renovation, if any:

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**PRIOR LOSS HISTORY**

Number of losses in prior 3 years?

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved

**GENERAL INFORMATION**

In the last three years has any company cancelled, declined or refused to issue similar insurance to the applicant? Yes \_\_\_\_ No \_\_\_\_

If so, explain \_\_\_\_\_

**AGENCY INFORMATION**

Agency:

Agency Address:

Contact Name:

Phone #

Fax #

Email Address

NOTICE OF INSURANCE INFORMATION PRACTICES : Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only : ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (817.234).

NJ Residents Only : ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only : IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents : No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

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

Producer : How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

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