



NCC Vacant Property Supplemental

GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Effective Date: _____

Type of Business: Individual Partnership Joint Venture Corporation Not For Profit Org
 Subchapter "S" Corporation Limited Corporation Other

Percent of building vacant: _____ Age of Building: _____

Reason for Vacancy: _____

Date of last occupancy: _____

Prior Occupancy: _____

Purchase price: _____ Date of Purchase: _____

Intended use: _____

Expected date of occupancy: _____

Any pending appeals to change property zoning? Yes No

Are utilities operational? Gas: Yes No Water: Yes No Electric: Yes No

VALUATION

RCV: _____ Square footage: _____ ACV: _____

FINANCIAL

Are all real estate taxes paid? Yes No

Are all mortgage obligations fully paid to date? Yes No

Any Liens (other than mortgage) against property? Yes No

Is any insured, insured affiliate, or principal in bankruptcy or currently in the process of filing for bankruptcy? Yes No

LOSS INFORMATION

Any losses at this property in the past 36 months? Yes No

Any losses at any other properties owned or managed by the insured in the past 36 months?
Yes No

Applicant Signature: _____

Producer Signature: _____