Worldwide Facilities, LLC

VACANT BUILDING SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____ _____

_____ _____

Building Information

Location	**Construction**	Age	Number of Stories	Vacant Since
No. 1				
No. 2				
No. 3				

		Utilities that are still turned on		
Location	**Prior Occupancy**	Gas	Electric	Water
No. 1				
No. 2				
No. 3				

	Square Footage		
Current Building Use	Loc. #1	Loc. #2	Loc. #3
Vacant area			
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage			

Building Security ("X" those applicable)							**Neighborhood** ("X" those applicable)			
Location	Boarded	Locked	Fenced	24 Hour Security	Alarmed	How often do you see the building?	Residential	Commercial	Industrial	Rural
No. 1										
No. 2										
No. 3										

Plans for the building(s):_____

Is a building to be demolished or remodeled? ☐ Yes ☐ No If yes, please 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 a general contractor ☐ Other _____

Are certificates of insurance obtained from contractors or subcontractors? ☐ Yes ☐ No

Is a contract containing a hold harmless clause holding applicant harmless obtained from the contract? ☐ Yes ☐ No

Estimated cost for renovation/construction operations: During next 12 months: $_____ For entire project: $_____

Is applicant is acting as the general contractor:

(1) Does applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant? ☐ Yes ☐ No

(2) Is applicant named as an additional insured on the subcontractor's policy? ☐ Yes ☐ No

(3) Is scaffolding owned, rented or erected by the applicant? ☐ Yes ☐ No

Will applicant occupy the building upon completion? ☐ Yes ☐ No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____

Applicant's Signature Producer's Signature Date