agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Vacant Home Supplemental

COMPLETE IN ADDTION TO THE APPLICABLE EZLYNX OR ACORD APPLICATION

Date Submitted: _____

General Information:

Named Insured: _____

Property Address: _____

Underwriting Information:

1. How long has the applicant owned this location? _____
2. How long has the property been vacant? _____
3. Reason for vacancy? _____
4. Prior Occupancy: _____
5. Is the property in foreclosure/repossession? Yes ☐ No ☐
   a. If yes, provide details: _____
6. Are any buildings scheduled for demolition or condemned? _____
7. What is the building's condition? _____
8. Does the building have any existing damage? Yes ☐ No ☐
   a. If yes, provide details: _____
9. Are utilities turned on? Gas: Yes ☐ No ☐ Electric: Yes ☐ No ☐ Water: Yes ☐ No ☐
10. How often does the applicant check on the property? _____
11. What type of security measures are at the location (i.e. Alarms, Gated, Deadbolt, etc.):
    a. _____
12. What is the intended plan for the property? Sell ☐ Rent ☐ Occupy ☐ Other: _____
13. Expected date of occupancy (or sale): _____

Claims History:

Flood Losses within the last 10 years? Yes ☐ No ☐

If yes, describe: _____

_____

Agency Information:

Agency Name: _____

Email Address: _____

To Request a Quote, submit the completed form with our quote supplemental to: plnewbusiness@asbagent.com

We will check our available markets to determine eligibility. The receipt of this application does not constitute an obligation or commitment to provide coverage.