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SPECIALTY PROPERTY VACANT SUPPLEMENT

I. GENERAL INFORMATION

Eff Date ___/___/___ Inspection Contact _____ Phone (____) _____
 Name _____
 Location Address _____ State _____ Zip _____
 Website address _____

Type Of Property (check one):

<input type="checkbox"/> Apartment <input type="checkbox"/> Offices <input type="checkbox"/> Industrial/Mfg <input type="checkbox"/> Shopping Center/LRO <input type="checkbox"/> Other / Mixed Use _____
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Business Structure (check one):

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____

Property Mgmt. Experience:

❖ Years of Property Mgmt. Experience: _____ ❖ Years as Managing This Location: _____

Prior Occupancy: _____ Length of time vacant _____

Applicant's Financial Condition : _____

Reason for Vacancy: _____

Plans for Building: _____

Is building to be demolished or remodeled Yes, or No

If Yes provide details: _____

Any back taxes owed or tax liens on the property? Yes, or No

Has the risk filed for (or are they in) bankruptcy? Yes, or No

Dates of Update: wiring _____ plumbing _____ heating _____ roof _____

(Check the box for all that apply)

Wiring is: Aluminum 100% pigtailed, copper, Circuit breakers, fuses

Private protection: 100% sprinklered, central station burglar alarm, central station fire alarm, watchman, boarded, locked, fenced, lighted

Will power remain on during vacancy? Yes No

Will Heat remain on during vacancy? Yes No

If no, what is being done to avoid frozen pipes, sprinkler leakage and water damage?

Describe surrounding area for location:

Commercial Residential Industrial Other _____

Loss History (3 years): _____

Requested Coverage: Basic, Broad Special

Deductible \$ _____ Co-insurance _____ %