



# Essex Insurance Company

4521 Highwoods Pkwy, Glen Allen VA 23060-6148 PO Box 2010, Glen Allen, VA23058-2010  
 (804) 273-1400 (800) 963-7739 FAX (804) 273-1435 [www.essexinsurance.com](http://www.essexinsurance.com), [essexquote@markelcorp.com](mailto:essexquote@markelcorp.com)

## VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION (Attach to Accord 125 – Applicant Information Section)

GENERAL INFORMATION		
Name:		Mailing Address:
Eff. Date:	Exp Date:	Term: <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> Other: _____

PROPERTY INFORMATION		
Risk Address:		Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy
Year Built:	Year Renovated:	Protection Class:
Construction Type:	Wiring:                      Roof:	Number of Stories:
Square Feet:	Plumbing:                      Heating:	Prior occupancy:
Intended renovations:	Protective Devices	Utilities Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time Vacant:	<input type="checkbox"/> Central Station Fire Alarm	Building Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	<input type="checkbox"/> Central Station Burglar Alarm	Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of building:	<input type="checkbox"/> Sprinklers	Bankruptcy Status:
Describe Neighborhood:	Loss History & Prior/Mortgagee	Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe Below)
	Mortgagee:	Frequency of check-ups:
	Prior Carrier:	Made by whom:
	Loss History:	
How long has the applicant owned property at this location:		
Is the building historically significant or part of a Historical Register: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPOSED PROPERTY COVERAGE *For new purchase, please insure for "purchase price excluding land".*		
Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		

**Other Pertinent Information:**

**\*If an accord application is included, only answer questions not included on accord application.**

Producer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_