

UNDERWRITER CHECKLIST- VACANT BUILDINGS

(REQUIRED if you have remodeling, renovation, construction or demolition exposures)

Named Insured:	
Policy # (if a renewal):	

- Has been vacant since: _____ (month / year)
- Reason for vacancy?
 - Foreclosure Settlement of estate Business Discontinued Loss of tenant
 - Other: _____
- Property is:
 - For sale Up for lease Other: _____
- **A photo of the building exterior (front and back) must be provided within 45 days of binding. (Photos must be original color photos or color digital) Inspection required if buildings have been vacant for 24 months or more.**

Prohibited:

1. Insurance is not currently in place (new purchases excepted) due to potential moral hazard.
2. Bankruptcy, Chapter 7, Chapter 11.
- 3. Property in? (Complete once we know what approved states will be)**
4. Premises being converted to apartments, condominiums or townhomes.
5. Condemned property or anticipated condemnation during policy term.
6. Damage to premises has not been repaired.
7. Environmental cleanup or remediation sites (as well as landfills or garbage dumps).
8. Historic register properties.
9. Premises not secured against unauthorized entry. If property not actively for lease or sale premises must be boarded up.
10. Security checks of premises are not made at least twice a month.
11. Attractive nuisances present:: mines, motorized vehicle trails, pits, quarries, swimming holes.
12. Premises were previously occupied as:

Aerospace or airport facility	Hazardous materials facilities	Power Plants
Chemical Plant	Mining or Quarry facilities	Railroad operations
Dams, reservoirs, levees	Petrochemical Plants	Refineries
Grain Elevators/Silos	Petroleum Bulk Storage	Storage Tanks

COLONY - UNDERWRITER CHECKLIST- VACANT BUILDINGS

(REQUIRED if you have remodeling, renovation or construction or demolition exposures)

Submit for approval required if:

1. Vacancy period exceeds 48 months.
2. Renovation or remodeling total project cost exceeds \$2,500,000.
3. Insured is acting as their own G.C. for a renovation or remodeling project.
4. Insured is doing their own demolition instead of obtaining an insured third party.

Supplemental Application for Renovation, Remodeling, Construction or Demolition

Exposures:

1. Job Description: _____.
2. Total Project Cost: \$_____ (Submit for approval required if over \$2,500,000)
3. Premises must not be in the process of being converted into condominiums, townhomes or apartments.
4. No Property coverage available if there is demolition anticipated during policy term. (See Demolition PDQ for general liability underwriting and pricing guidelines.)
5. General Contractor requirements (check all that apply):

Fully licensed contractor and:

Provides evidence of insurance that confirms limits equal to or higher than applicant's. (Minimum acceptable general liability limits are \$300,000)

Provides additional insured status to applicant.

Holds applicant harmless by written agreement.

Requires subcontractors to provide evidence of insurance prior to starting any work for the general contractor.

Requires all subcontractors to name the general contractor as an additional insured on the subcontractor's policy.

Requires all subcontractors to carry their own workers compensation.

Scaffolding is not rented by and is not erected by the applicant.

Submit for approval required if insured is acting as their own General Contractor.

Insured must have prior general contracting experience or company underwriter will be unable to approve.

6. U008R - (Contractor's Coverage Limitations Endorsement) - mandatory
CG2139 - (Contractual Liability Limitation) - mandatory.

I hereby certify that all information is accurate to the best of my knowledge:

Name: _____ **Date:** _____