Complete one form per location. Complete with CWCO-SUP-CORE and ACORD 125/140. Complete Section A for a vacant building, or Section B for vacant land — skip whichever does not apply.

NAMED INSURED	EFFECTIVE DATE	WEBSITE	DBA

LOCATION ADDRESS	CITY	STATE / ZIP	INSPECTION CONTACT / PHONE

This location is:

☐ Vacant building — complete Section A ☐ Vacant land — complete Section B

PRE ELIGIBILITY SCREENING

Applies to both vacant buildings and vacant land. All statements must be true for standard placement.

PRE1 No past, pending or planned foreclosure, bankruptcy, or judgment for unpaid taxes against the applicant or any officer, partner, member or owner within the past 5 years. ☐ Yes ☐ No

IF YES, EXPLAIN

PRE2 No exposure to landfills, quarries, underground mines, strip mines, caves, wells or dams on the property. ☐ Yes ☐ No

IF YES, EXPLAIN

PRE3 The property is not owned by or part of the common area of a residential or business association. ☐ Yes ☐ No

IF YES, EXPLAIN

A VACANT BUILDING

Complete this section only if the location is a vacant building. Otherwise skip to Section B.

CONSTRUCTION TYPE	AGE OF BUILDING	NUMBER OF STORIES	TOTAL BUILDING SQUARE FOOTAGE	VACANT SINCE (DATE)

PRIOR OCCUPANCY	REASON BUILDING BECAME VACANT	IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY?

A1 Have there been any signs or incidents of vagrants or transient occupancy? ☐ Yes ☐ No

IF YES, EXPLAIN

Intended disposition:

☐ Sell ☐ Find lessee ☐ Occupy

☐ Demolish ☐ Other (state below)

DISPOSITION — OTHER / TIMELINE	WHEN IS THIS EXPECTED TO OCCUR?

A2 Does any building or unit have existing damage not yet fully repaired? ☐ Yes ☐ No

IF YES, EXPLAIN

A3 Are utilities presently connected? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A3, confirm in the explanation field whether heat is maintained at 55°F or higher. If no, confirm whether plumbing has been completely drained.

A4 Is the building sprinklered? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A4, state in the explanation field whether the system remains activated and who checks it, or whether it has been completely drained.

A5 Is there any aluminum or knob-and-tube wiring on the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

A6 Are regular security checks performed? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A6, state who performs the checks and how often in the explanation field.

IS THE NEIGHBORHOOD DECLINING OR EXPERIENCING REHABILITATION?

IS THE NAMED INSURED ENGAGED IN RESIDENTIAL HOMEBUILDING OR GENERAL CONTRACTING?

A7 Has the property, or any property owned by the applicant, been in foreclosure, receivership, bankruptcy, or bank-owned within the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

RENOVATION — NOT APPLICABLE IF NO RENOVATION PLANNED

TOTAL PROJECT COST ($)

ESTIMATED COMPLETION DATE

WHO IS PERFORMING THE WORK?

Renovation performed by:

☐ Applicant / volunteers ☐ Independent contractors hired by applicant ☐ A general contractor

A8 Does the project involve structural renovations, or interior demolition prior to commencement? ☐ Yes ☐ No
IF YES, EXPLAIN

A9 If applicant is the tenant, will business operations be conducted prior to project completion? ☐ Yes ☐ No
IF YES, EXPLAIN

A10 Does the applicant / contractor have 3 years of experience conducting renovation projects of this type? ☐ Yes ☐ No
IF YES, EXPLAIN

A11 Is the contractor required to carry General Liability insurance and name the applicant as Additional Insured? ☐ Yes ☐ No
IF YES, EXPLAIN

LIABILITY & PROPERTY — NOT APPLICABLE UNLESS COVERAGE IS REQUESTED

A12 Is the building on a farm, or on a piece of land greater than 5 acres? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A12, state the total acreage in the explanation field.

A13 Is there a swimming pool on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

A14 Is the applicant aware of any storage of chemicals or pollutants on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

IS THIS A NEW PURCHASE?

IF NEW — PURCHASE PRICE ($)

IF NOT NEW — YEARS OWNED

A15 Are there any back taxes owed or tax liens on the property? ☐ Yes ☐ No
IF YES, EXPLAIN

A16 Have any tenants been evicted from the property in the past 60 days? ☐ Yes ☐ No
IF YES, EXPLAIN

A17 Is the location a mobile home? ☐ Yes ☐ No

A18 Is all electrical connected to functional circuit breakers? ☐ Yes ☐ No
IF YES, EXPLAIN

PARTIALLY VACANT BUILDING — COMPLETE ONLY IF NOT FULLY VACANT

% OF BUILDING VACANT

VACANT PORTION LOCKED AND SECURED FROM UNAUTHORIZED ENTRY?

LOC #	DESCRIPTION OF OCCUPANCY	CLASS CODE	PREMIUM BASIS	AREA

A19 Is the applicant currently evicting, or planning to evict, any current tenant? ☐ Yes ☐ No
IF YES, EXPLAIN

A20 Are there functioning smoke and/or heat detectors in all units and occupancies? ☐ Yes ☐ No
IF YES, EXPLAIN

A21 Is there an adequate number of properly serviced fire extinguishers on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

A22 Are all permits obtained as required by law, and has a valid certificate of occupancy been obtained for each tenant? ☐ Yes ☐ No
IF YES, EXPLAIN

B VACANT LAND

Complete this section only if the location is vacant land. Otherwise this section may be left blank.

Applicant is:

☐ Individual ☐ Corporation ☐ Partnership
☐ Joint venture ☐ LLC ☐ Estate

Policy period:

☐ 3-month ☐ 6-month ☐ 9-month ☐ Annual

LOC #	LOCATION ADDRESS	VACANT LAND ACRES	LAKE OR POND ACRES

PLANS FOR THE LAND AND TIMEFRAME

IS LAND ZONED COMMERCIAL OR RESIDENTIAL?

B1 Has the land ever been used for any other purpose? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Are there any buildings, other structures, equipment, vehicles or other apparatus on the land? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Are there any underground fuel tanks on the property? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Is there any perceived or known pollution or contamination on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Are there any water exposures on the land — ponds, lakes, streams, creeks? ☐ Yes ☐ No
IF YES, EXPLAIN

B6 Is the land located in a landslide, forest fire, or bush fire area? ☐ Yes ☐ No

B7 Is weed abatement performed regularly? ☐ Yes ☐ No
IF YES, EXPLAIN

B8 Is there public access to the land? ☐ Yes ☐ No
IF YES, EXPLAIN

B9 Are any security measures used to protect the property (fences, signs, etc.)? ☐ Yes ☐ No
IF YES, EXPLAIN

B10 Are 'No Trespassing' signs clearly visible at all entries to the land? ☐ Yes ☐ No

B11 Are 'No Swimming Allowed' signs clearly visible around any lake or body of water? ☐ Yes ☐ No

C LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

C1 Has coverage on this property been declined, cancelled, or non-renewed in the last 3 years? ☐ Yes ☐ No

IF YES, EXPLAIN

D ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — PLANNED USE, ADJACENT PROPERTY CHANGES, OR CONTEXT FOR THE VACANCY

E REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental must be signed by a principal, partner, managing member or senior officer of the applicant.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE

PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE