NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION

VACANT/UNOCCUPIED PROPERTY SUPPLEMENTAL APPLICATION

Dwelling Property

For new or continuation applications, coverage cannot be bound until after an inspection of the property, approval by the underwriter, and payment of the premium.

If the property becomes vacant during the policy period, coverage terminates after 30 - 60 days (refer to Vacant /Unoccupied Property Restriction form VP 00 01). You must notify the Association, permit an inspection of the property, comply with any recommendation(s) we may make, and pay additional premium to resume coverage.

DEFINITIONS

Vacant means the described property is empty, not in use, and contains no contents pertaining to activities or operation customary to occupancy of a dwelling.

Unoccupied means the described property is idle, or not being used by its intended or customary occupants.

A. GENERAL
  1. NJIUA File/Policy No. (If Applicable)____________________
  2. Applicant’s Name___________________________________________________________
  3. Location of Property_________________________________________________________
  4. Is the building secured in accordance with the NJIUA Standards for the Protection of Vacant Properties?    YES □    NO □
  5. When did the building become vacant?_________________________________________
  6. Explain what you intend to do with the building in the next 12 months?_________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
  7. Are the utilities on in the building?    YES □    NO □
  8. How long have you owned the building?_________________________________________
  9. Are property taxes unpaid for two quarters or more?  YES □    NO □
 10. Is there a mortgage?       YES □    NO □
  11. If question #10 is answered YES, provide the current outstanding mortgage amount_______________________________________________________________
  12. If question #10 is answered YES, are any mortgage payments delinquent?      YES □    NO □
  13. Provide the phone number of the insured for an interior inspection of the property______________________________________________________________

See reverse side
B. UNDER RENOVATION OR REHABILITATION

1. Have contract(s) been signed for the work? YES ☐ NO ☐

2. Is insured living at this location during renovations? YES ☐ NO ☐

3. Provide the name, address and phone number of each contractor

4. Is the work underway? YES ☐ NO ☐

5. If question #4 is answered no, provide the start date

6. When will the work be completed?

7. Are building permits required? YES ☐ NO ☐
   (If question #7 is answered YES, provide copies of permits)

8. If the building is being renovated, check the applicable boxes indicating type of renovations.
   Wiring ☐ Plumbing ☐ Heating ☐ Roofing ☐ Painting ☐ Other ☐
   If other is checked, provide specific details

9. Is worked being financed? YES ☐ NO ☐
   (If question #9 is answered YES, list the name and address of lender)

10. What is the cost of the renovations?

C. FOR SALE OR RENT

1. Is the property listed with a real estate broker? YES ☐ NO ☐
   (If question #1 is answered YES, provide the name, address and phone number of the broker)

2. If the property is for sale, what is the asking price?

3. When do you expect the property to be sold?

4. Has the property been advertised for rent? YES ☐ NO ☐

5. Has a prospective tenant been found? YES ☐ NO ☐

6. Has a lease been signed? YES ☐ NO ☐

7. When do you expect the property to be occupied?

CERTIFICATION

I certify that I have read this application and that all statements contained in this application are true and accurate to the best of my knowledge and belief. I understand that misrepresentation or concealment of material facts will void the policy.

Signature of applicant: _______________________________ Date: ____________________

Signature of producer: _______________________________ Date: ____________________