

VACANT LANDLORDS, PACKAGE POLICY APPLICATION

Deposit (20% Req'd)		# To Be Assigned		Agent		Agent Code	
Renew of #		Rewrite #		Phone		Date	

CLAVERACK COOPERATIVE INSURANCE COMPANY

PO Box 779
Kinderhook, New York 12106

Did you receive a quote from this company on this insured location? Y N
 Premium Breakdown: _____ Does this insured have other Insurance with this Co.? Y N

Insured Name: _____

Insured Address: _____

City/ County: _____

Zip Code: _____ **Home Phone:** _____ **Work Phone:** _____

Insured Date of Birth: (If Senior Credit Applicable, Age 55): _____

If previously insured with Claverack, Date of last loss: _____

Type of Loss: _____ Amount Paid on Loss: _____

PAYMENT PLAN: (\$8.00 per Installment Charge)
<u> </u> Annual
<u> </u> 40-30-30 (\$200 Minimum Premium)
<u> </u> 40-30-30 (\$150 Min. Prem.- Sen. Citizens)
<u> </u> 24-19-19-19 (\$400 Minimum Premium)
<u> </u> Escrow Billed: Loan #: _____
<u> </u> Effective Date of Escrow: _____

Policy Effective			From:		To:	
Loc.	Prot.	Const.	# Fam	Own/Occ	Situated	COUNTY
1				VACANT		
2				VACANT		
3				VACANT		

Coverage	Loc.#	A- Dwelling RESIDENCE	L-(FL-OLT) B.I. & P.D.	M-Med Pay Per Person/ Per Occurance
LIMITS				\$5,000/10,000
OF				\$5,000/10,000
LIABILITY				\$5,000/10,000

RATING INFORMATION: FL-1A w/o VMM ()

DEDUCTIBLE: \$500 () \$1,000 () 25% CREDIT \$2,500 () 30% CREDIT

Ft. FROM FIRE HYDRANT _____ MILES FROM FIRE DEPT. _____ FIRE DISTRICT _____

PLEASE NOTE: (1) IF MORE THAN ONE BUILDING, DIAGRAM MUST BE ATTACHED
 (2) A PICTURE MUST ACCOMPANY APPLICATION.
 (3) THE APPLICATION MUST BE SIGNED.

MORTGAGEE: LOC. 1

LOC. 2

LOC.3

06/16 CCIC

THIS SECTION MUST BE COMPLETED

UNDERWRITING QUESTIONNAIRE	BUILDING #1	BUILDING #2	BUILDING #3
Are there saddle animals, A.T.V's or special liability hazards?			
Approximate Replacement Cost of Dwelling			
Approximate Age of Dwelling			
Name of Previous Carrier			
Occupation of Insured			
Heat or Smoke Detectors			
Swimming Pool			
Fireplace			
Wood Burning Stove			
Central Heat			
Age of Furnace			
Age of Roof			
Type of Wiring			
Vacant			
Has any loss occurred in the past three years? Describe below			
Has any company rejected, canceled or asked to be relieved of this risk?			
How many acres?			

Remarks: (Attach Pictures Here, Also diagram if more than one building, and add any remarks applicable to questions on front of Application)

FRAUD WARNING

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.”

Date: _____ **Signature of Applicant:** _____

I () Have Seen () Have Not Seen the previously listed property. I recommend the risk for insurance.

Signature of Agent: _____