VACANT BUILDING SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE BUILDING

DATE (MM/DD/YYYY)

VACANT BUILDING

LOC #  BLD #  VACANCY DATE (MM/DD/YYYY)  NUMBER OF STORIES:  VACANT AREA  AREA OCCUPIED BY OTHERS  DESCRIBE AREAS OCCUPIED OR LEASED TO OTHERS

ENTIRE BUILDING IS VACANT  _______ SQ FT  _______ % OF BLDG  _______ SQ FT

NEIGHBORHOOD  OPERATIONAL BUILDING SECURITY  WORKING UTILITIES

COMMERCIAL  LOCAL ALARM  FENCED  GAS

INDUSTRIAL  CENTRAL STATION ALARM  LOCKED  ELECTRIC

RESIDENTIAL  BOARDED  24 HOUR SECURITY  WATER

BUILDING SEEN FREQUENCY  VISITED BY (Check all that apply)  DATE LAST VISITED (MM/DD/YYYY)  REASON(S) VACANT (Check all that apply)

DAILY  ANNually  BUILDING OWNER  SECURITY  FOR SALE / LEASE  BUILDING DAMAGED

WEEKLY  PROperty MANAGER  REALTOR  UNDER RENOVATION  FORECLOSURE

MONTHLY  CARETAKER

DESCRIBE PRIOR OCCUPANCY

VACANT BUILDING INFORMATION - EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y / N

1. HAS THE BUILDING BEEN CONDEMNED? (If "YES", provide reason building was condemned and planned future use)

2. IF THE BUILDING IS SPRINKLERED, IS THE SPRINKLER SYSTEM TURNED OFF? (No explanation needed)

3. IS THE BUILDING TO BE DEMOLISHED OR REMODELED? (If "YES", provide the following):
   a. DESCRIBE WORK TO BE DONE

   b. IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT?

   c. WILL APPLICANT OCCUPY THE BUILDING UPON COMPLETION?

REMARKS (Attach ACORD 101, if more space is required)