Seneca Insurance Company VACANT PROPERTY SUPPLEMENT

PRODUCER:	NAME AND ADDRESS OF RISK:

In order to be able to write your Vacant Building or Premises exposure, Seneca Ins. Co. requires the following information be completely filled out and returned to us as part of the application process:

- 1. How long has the property been vacant: _____; Prior occupancy was: _____; and intended disposition is: Sale ____; Rental ____; or Renovation ____. {If intent is Renovation, please refer to #8}
- 2. Reason for vacancy: _____
 - 3. How frequently is the building inspected: ______. Is the building secured? Yes_____No____. When is occupancy expected? _____. Have all utilities been turned off? Yes____. Comments:
 - 4. Are ALL real estate taxes fully paid to date? Yes____ No____.
 - 5. Are ALL mortgages fully paid to date? Yes____ No .
 - 6. Is the insured or any affiliate of the insured in bankruptcy or currently in the process of filing for bankruptcy? Yes No .
 - 7. Has any property or premise owned by the insured or any affiliate of the insured, suffered ANY losses during the past 36 months? Yes____ No____. If so, please specify:
 - 8. *Please note:* There is no permission to renovate the property during the policy period. If renovation is planned or scheduled, advise the anticipated date the renovations will commence?

The answers to the foregoing questions constitute material information to Seneca Ins. Co. and are all integral parts of its underwriting process. Seneca Ins. Co. will rely upon such information in determining whether or not to insure such risk. See the ACCORD application with respect to the requirements of the Insurance Laws of the State of New York relating to false or fraudulent information.

Date:

Applicant's Signature: _____ Producer's Signature: _____