



P.O. Box 792030
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LLOYD'S

PRODUCER	NUMBER
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**FRONT & REAR PHOTOS OF DWELLING ARE MANDATORY
 VACANT DWELLING APPLICATION**

EFFECTIVE DATE _____ To _____ (6 months or 12 months)	NOTE: Fax for binding: otherwise coverage will be effective at 12:01 A. M. the date received in our office. QUOTE #
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NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

RISK LOCATION _____ CITY _____ COUNTY _____ ZIP _____

MORTGAGEE & ADDRESS _____

ACTUAL CASH VALUE - AMOUNT OF INSURANCE

DWELLING /CONDO/MOBILE HOME _____ * RENOVATIONS _____ * CONTENTS _____ *
 (*MAX TIV - \$100,000)

LIABILITY LIMITS (**\$250. ded**): \$25,000 \$50,000 \$100,000

**Liability Unavailable if on more than 5 acres, Swimming Pool, Pond, Lake, or Trampoline on premises.
 (Mandatory F437 Windstorm or Hail - \$1,500. deductible for Dallas/Tarrant Counties – Tier 2 Counties)**

AMOUNT OF INSURANCE	PREMIUMS FOR PROP.	PREMIUMS FOR LIAB.	POLICY FEE	S/L TAX	STAMPING FEE	TOTAL PREMIUM
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YR BUILT _____ **SQUARE FEET** _____ **NUMBER OF STORIES** _____

SINGLE FAMILY DWELLING: Yes No - How many _____ Central Station Fire Alarm: No Yes

CONSTRUCTION: Frame Brick Veneer Stucco Other _____

ROOF: Comp Shingle/ Built-up/ Other _____ **PRIOR OCCUPANCY: Owner/Tenant/Newly Built/Mobilehome**

How long vacant? _____ **Why Vacant? Rent Sale Other:** _____

RENOVATING: No Yes - Give details on renovations to be done: _____

Will ANYONE other than the applicant be doing any of the work during the policy term? Yes No

INSIDE CITY LIMITS: Yes No NEAREST FIRE HYDRANT _____ NEAREST FIRE STATION _____

LOCATED IN FIRST TIER: Yes No Advise amount of acreage: _____

PREVIOUS INSURER: _____ POLICY NUMBER _____

ANY LOSSES IN THE PAST FIVE YEARS FOR THIS RISK LOCATION? No Yes

Amount paid	Date of Loss	Cause & details (attach supplemental if needed)
_____	_____	_____
_____	_____	_____

INSURED'S SIGNATURE: _____ DATE: _____