

## **Vacant Building Application** 255 N.W. Blue Parkway, Suite 102 Lee's Summit, MO 64063

55 N.W. Blue Parkway, Suite 102 Lee's Summit, MO 64063 Ph# (816) 251-1670 Fax# (816) 866-9223 submissions@avantsupermarketgroup.com

## Supplemental Application is required prior to any quote release. <u>Please complete all sections or mark N/A if not applicable.</u>

Account Name:	Location Address:	
1. Is the building completely vacant? If only partial vacant, please describe:	Yes 🗌 No 🗌	
2. What is the date the property became vacant?		
3. What was the prior occupancy?		
4. What is the intended disposition? When do you expect to do this?	Sell 🗌 Lease 🗌 Occupy 🗌 Demolish 🗌	
5. Is the building fire, windstorm or otherwise damaged? Yes 🗌 No 🗌		
<ul><li>6. Are the utilities presently connected?</li><li>a. If Yes, is the heat maintained at</li><li>b. If No, have all the plumbing system</li></ul>		
	een inspected/tested in the past year?	Yes 🗌 No 🗌
Name of company and o 1. Were any defic		Yes 🗌 No 🗌
ii. If No, has the system be	een drained?	Yes 🗌 No 🗌
8. Are there any aluminum or knob and tube wiring on premise? Yes 🗌 No 🗌		
9. Is all electrical connected to functional e	lectrical breakers? Yes 🗌 No 🗌	
10. Are there regular security checks done? a. If Yes, how often?	Yes 🗌 No 🗌	
11. Is the building locked and secured from	unauthorized entry? Yes 🗌 No 🗌	
12. Is there a monitored central alarm system	m on premise? Yes 🗌 No 🗌	
13. Can you attest that the insured is in good	d financial standing? Yes 🗌 No 🗌	
Additional comments:		
Agent Name:	Agency:	
Agent Signature:		Date: