

**Vacant Building Application** 255 N.W. Blue Parkway, Suite 102 Lee's Summit, MO 64063 Ph# (816) 251-1670 Fax# (816) 251-1671 submissions@avantsupermarketgroup.com

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

Account Name:		<b>Location Address:</b>		
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? Sell \( \subseteq \text{ Lease } \subseteq \text{ Occupy } \subseteq \text{ Demolish } \subseteq \text{ When do you expect to do this?}			
5.	Is the building fire, windstorm or otherwise damaged? Yes $\square$ No $\square$			
6.	Are the utilities presently connected?  a. If Yes, is the heat maintained at b. If No, have all the plumbing syst		Yes No Yes No No	]
7.	Is the building sprinklered?  a. If Yes, is the system still activated?  i. If Yes, has the system been inspected/tested in the past year?  Name of company and date of service:		] Yes 🗌 No 🗍	
	1. Were any defici			Yes 🗌 No 🗌
	ii. If No, has the system be	en drained?		Yes 🗌 No 🔲
8.	Are there any aluminum or knob and tul	be wiring on premise?	Yes 🗌 No 🗌	
9.	Is all electrical connected to functional el	ectrical 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	n on premise?	Yes 🗌 No 🗌	
13.	Can you attest that the insured is in good	financial standing?	Yes 🗌 No 🗌	
<u>Additi</u>	onal comments:			
Agent	Name:	Agency:		
Agent	Signature:		D	Pate:

Ed. 10-18 1