

**INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION
(INDIANA FAIR PLAN)**

**REMIT PREMIUM DEPOSIT TO:
PO BOX 6457 – Dept. #283, Indianapolis, IN 46206
PHONE: (317) 264-2310 or (800) 888-8627
FAX: (317) 264-2313 or (888) 597-4819**

www.indianafairplan.com

VACANCY QUESTIONNAIRE

All of the following criteria must be met in order for coverage to be considered:

- Property must be uninhabitable due to renovation.
 - Property must be under active, full time renovation by a full-time, professional contractor.
 - Copies of all pertinent documents and contracts must be submitted with questionnaire.
 - Renovations must be completed and property occupied within 90 days.
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Full name of applicant _____

Address of property _____

File Number: _____

1. Are all accessible areas secured and all exposed glass areas properly boarded on the exterior by 3/8" plywood securely fastened to the building? () Yes () No
If no, please explain: _____
2. Is the property currently under renovation? () Yes () No If no, please provide the date work will begin? DATE: ____ / ____ / ____
3. What date and day will work be completed? DATE: ____ / ____ / ____
4. Please provide the name and address of the contractor doing the work.
Name of contractor: _____
Address: _____
Phone: _____
5. Who is financing the work? _____
6. What is the current market value of building? \$ _____
7. What is the estimated or finished market value after renovations? \$ _____
8. Please describe the intended use and occupancy of the property once renovations are complete: _____

ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY COVERAGE IF PUT INTO EFFECT.

Signature of Applicant _____ Date _____

Signature of Producer of Record _____ Phone # _____