

# COMMERCIAL CONTINUATION APPLICATION

Policy Number

Policy Effective Date

Process Date

Producer Code

Insured	
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Producer	
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**COMPLETE THE APPLICATION AND RETURN IT WITH THE FULL ESTIMATED ANNUAL PREMIUM PRIOR TO THE DUE DATE SHOWN ON THE POLICY.**

**The following questions must be answered**

1.) Property is: ( ) Fully Occupied ( ) Unoccupied ( ) Partly Vacant ( ) Totally Vacant ( ) Seasonal

If not fully occupied, indicate portion of building that is vacant or unoccupied \_\_\_\_%

2.) Property is: ( ) Owner Occupied ( ) Tenant Occupied

3.) Have any utilities been disconnected and accounts unpaid for 120 days or more? ( ) Yes ( ) No

4.) Has any person with financial interest in this property ever been indicted or convicted of arson or a crime involving a purpose to defraud an insurance company? ( ) Yes ( ) No

5.) Are any real estate taxes delinquent on this property? ( ) Yes ( ) No

6.) Is there any other insurance covering this property? ( ) Yes ( ) No

7.) Is there a flood insurance policy in force covering this property? If so, please provide the following information:  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

8.) Update your current phone number's: Home: \_\_\_\_\_ Work: \_\_\_\_\_

9.) Has the occupancy of this building changed this year? ( ) Yes ( ) No If so, please describe the new occupancy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use the policy change request form to request any changes you would like to make when your present policy expires.

**IMPORTANT: A policy if issued is in consideration of the above application for insurance and payment of premiums. I (we) agree to pay any additional premiums that may be due as a result of an inspection and/or determination of proper rates. The foregoing answers are true and complete to the best of my knowledge and shall form the basis for confirmation of any coverage. To the extent permitted by law, I (we) authorize the disclosure of information contained in this application and information relating to any claim for loss under a policy issued pursuant to this application. Signed under the pains and penalties of perjury.**

Please Return Application and Premium To:

**Virginia Property Insurance Association**  
**P. O. Box 5568**  
**Glen Allen, VA 23058-5568**

Applicant's Signature

Date

Please call (804) 591-3700 and ask to speak to customer service if you have any questions.

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE**