

COMMERCIAL CONTINUATION APPLICATION

Policy Number	Policy Effective Date	Location Number	Process Date	Producer Code

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

Insured		Producer
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ATTENTION: FALSE ANSWERS MAY VOID THIS POLICY AND RESULT IN CLAIM DENIALS.

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.) Is there any other insurance covering this property? () Yes () No
- 6.) 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 _____
- 7.) Update your current phone number's: Home: _____ Work: _____
- 8.) 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