



VACANT LAND

SECTION I. GENERAL

1. Name of Applicant (Named Insured): _____
2. Mailing Address: _____
3. Inspection Contact: _____
Contact Phone Number: _____
Web Address: _____ E-mail Address: _____
4. Contact Name and Phone Number: _____
5. Applicant is: Individual Partnership Corporation Other
6. Limit Requested: 100/200 300/600 500/1,000 1,000/2,000
7. Policy Period: 3Months 6 Months 9 Months 12Months

SECTION II. ELIGIBILITY

1. Is the Vacant Land located in Alaska or Louisiana? Yes No
2. Does the total acreage of all locations exceed 250 acres? Yes No
3. Does the total acreage for all ponds or lakes exceed 25 acres? Yes No
4. In the past 3 years, no more than 1 loss, no open claims and no one loss over \$10,000? Yes No
5. Is the land scheduled for or will any construction activity occur during the policy term? Yes No
6. Do any of the following exist on or under the land? Yes No
 - Landfill, Quarry, Underground Mines, Caves, Wells, Dams Yes No
 - Strip Mines, Logging Yes No
 - Structures (Vacant or otherwise) Yes No
7. Is land leased to others? Yes No
8. Any recreational activities permitted on premises? Yes No
9. Any farming operations taking place on premises? Yes No

Address of Location 1: _____
Number of Acres: _____ Lake Acreage _____

Address of Location 2: _____
Number of Acres: _____ Lake Acreage _____

Address of Location 3: _____
Number of Acres: _____ Lake Acreage _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Warranties: I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant* _____ Title _____ Date _____
(Must be Owner, Officer or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED

The State of New York requires that we have the Name and Address of your (insured's) authorized Agent or Broker.
NAME OF AUTHORIZED AGENT OR BROKER: _____
ADDRESS: _____
MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO: _____

Signature of Applicant: _____ Date: _____