



VACANT LAND APPLICATION

APPLICANT INFORMATION	
NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE:	FROM: TO:
FORM OF BUSINESS: ___ INDIVIDUAL ___ PARTNERSHIP ___ JOINT VENTURE ___ CORPORATION ___ SUBCHAPTER "S" CORPORATION ___ LIMITED CORPORATION ___ NOT FOR PROFIT ORG ___ OTHER	
WEBSITE:	YEARS IN BUSINESS

PREMISES INFORMATION			
Indicate the location address and the total acreage for each parcel:			
LOC #	STREET, CITY, STATE, ZIP CODE	Acres	Lake or Pond Acres

GENERAL INFORMATION	
1. What was the prior use of the land?	
2. Was the land ever used as a landfill?	___ Yes ___ No
3. Any underground fuel tanks on the property?	___ Yes ___ No
4. Any below ground mines or dams on the property?	___ Yes ___ No
5. Any Lakes or Ponds on the Property?	___ Yes ___ No
If yes, please describe:	
6. Are there any Buildings or Equipment on the property?	___ Yes ___ No
If yes, please describe:	
7. Is the land scheduled for or will be scheduled for any construction activity or other developments?	___ Yes ___ No
If yes, please describe:	



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8. Is the land leased to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
9. Any Farming Operations taking place on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Any of the following activities take place on the premises:	
<input type="checkbox"/> Camping <input type="checkbox"/> Cross Country <input type="checkbox"/> Dirt Biking <input type="checkbox"/> Fishing <input type="checkbox"/> Grazing <input type="checkbox"/> Hiking <input type="checkbox"/> Hunting <input type="checkbox"/> Land Fill <input type="checkbox"/> Logging <input type="checkbox"/> Motorized Vehicles or Bikes <input type="checkbox"/> Parking <input type="checkbox"/> Quarry <input type="checkbox"/> Skiing <input type="checkbox"/> Snowmobiling <input type="checkbox"/> Strip Mining <input type="checkbox"/> Other	
If Other, please describe:	
11. Please describe any security measures that are used (fences, signs, etc.):	
12. Are there "No Trespassing" signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*:

Title:

Agency:

Date:

*Signing this application does not bind the applicant or the company to complete the insurance.