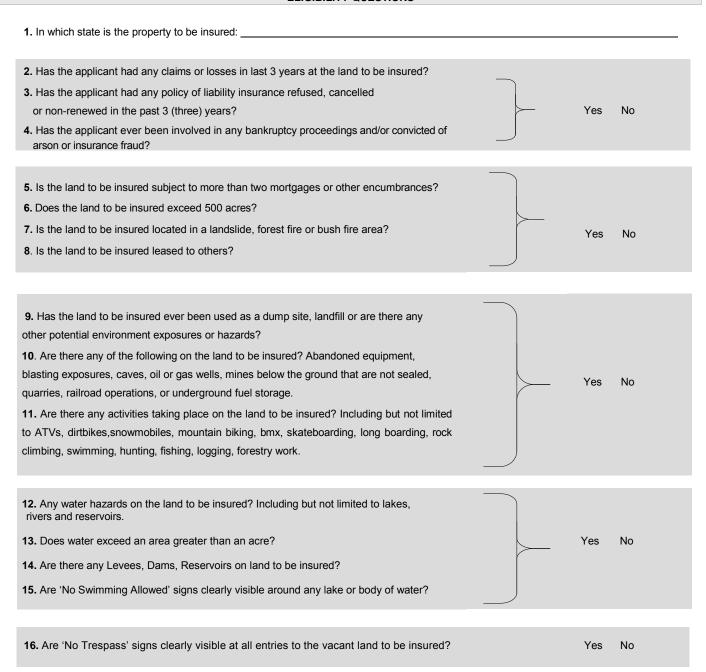


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VACANT LAND APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS



	APPI	LICANT DETAILS
Name and Mailing Address of Applicant:		
	State	_Zip code
17. Period of Cover:		
18. Applicant Type: Individual Partnership	Joint Venture	Corporation LLC Other
Address of Property to be Insured:		
	State	Zip code
Name and Address of Retail Broker:		
	State	_Zip code_
		FACT DETAILS
Contact Name		
		_
Telephone Email Email		
	COVERAGE AN	ND PROPERTY DETAILS
19. Size of Land in acres? 1-10 11-25	26-50 51-100	0 101-200 201-300 301-400 401-500
20. What was the prior use of the land?		
21. What future plans for use of the land?		
22. Is the property fenced/posted? Yes	No	
23 . Premises Liability: \$100,000/\$200,000	300,000/\$600,000	0 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
24 . Medical Payments: \$500 \$1,000 \$	2,500 \$5,000	\$10,000
25. Is TRIPRA coverage required? Yes	No	
26. Have there been any insured or uninsured loss	es or claims at the	e location to be insured? Yes No
Describe all prior losses or claims including the da	te, the nature or o	ccurrence, the status, the amount, and whether the damage has
been repaired:		
27. Identify all mortgagees, lien holders and addition	onal loss payees (i	if any, including account numbers and outstanding amounts):
28. If required, please enter below details of Addition	onal Insured:	
	DE	CLARATION
	AT IS SUBSEQUE	O THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE INTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT CLAIM BEING DENIED.
APPLICATION FOR INSURANCE CONTAINING A MISLEADING INFORMATION CONCERNING AN CRIME AND SUBJECTS THE PERSON TO CRIM	ANY MATERIALLY Y FACT MATERIA INAL AND (NY: SI	UD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN Y FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF AL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A UBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, ID VA, INSURANCE BENEFITS MAY ALSO BE DENIED.
Applicant's Signature	Retail E	Broker's Signature
Date	Date	