



CARRIER:

United States Liability Insurance Company

# Vacant Land Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

1. Have there been any losses in the last three years?  Yes  No

If yes, please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. How many acres? \_\_\_\_\_ (If less than one acre, enter 1)

3. Is the property, in whole or in part, leased to others?  Yes  No

a. If "Yes," what is the use of the leased land? \_\_\_\_\_

4. What is the total number of vacant land locations? \_\_\_\_\_

For multiple locations, please complete Section III – Additional Locations

5. Are there any lakes or ponds on the premises?  Yes  No

a. If "Yes," how many acres? \_\_\_\_\_ (If less than one acre, enter 1)

b. How many lakes or ponds? \_\_\_\_\_

### Liability Coverage

6. Occurrence limit:  \$1,000,000/\$2,000,000  \$2,000,000/\$2,000,000  \$2,000,000/\$5,000,000  
 \$3,000,000/\$3,000,000  \$4,000,000/\$4,000,000  \$5,000,000/\$5,000,000

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. ELIGIBILITY CRITERIA**

7. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
8. Has insurance coverage been cancelled or non-renewed in the past three years?  Yes  No
9. Are construction activities scheduled to occur during the policy term?  Yes  No
10. Do activities of any kind (business, recreational or other) take place on the property?  Yes  No
11. Are there any logging operations?  Yes  No
12. Are there any landfills, quarries, underground mines, strip mines, caves, wells or dams, or are there bridges for vehicle use on the premises?  Yes  No
13. If the land is located adjacent to a residential or business association, is the land owned by that association?  Yes  No
14. Are there any structures on the premises? *This does not include a shed or garage which is 500 square feet or less and used for maintenance of the land and is locked and secured from unauthorized entry.*  Yes  No

**III. ADDITIONAL LOCATIONS**

Street Address	City	Province/Territory	Postal Code	Acres	# of Lakes or Ponds	Total Lake/Pond acreage

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material. Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will become a part of the Policy.

Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_  
(Principal, Partner or Officer)

Print name \_\_\_\_\_ Date: \_\_\_\_\_