

VACANT LAND QUESTIONNAIRE

Named Insured: _____
Mailing Address: _____

1. Insurance History

Prior/Current Insurer: _____ Policy Number: _____
Insured Since: _____ Current Broker: _____
Premium: _____
Has the insured been refused or cancelled by an insurance company? Yes No
If yes, explain: _____

2. Claims History (Previous 5 Years)

Date of Occurrence	Description	Amount of Loss

3. Vacant Land

Purchase Date: _____ # of Acres: _____
Description of the Land-Location (Do Not Use RR#): _____
Future use: _____
Intended Development Date: _____
Is property fenced? Yes No If yes, Picket Wire Other: _____

4. Surrounding Area

Surrounding Neighbours (describe) _____
How close to any schools? _____
How close to any playgrounds? _____
Any lakes, streams or ponds on the land? Yes No Describe: _____
Any activities allowed? (i.e. snow removal, grass cutting, etc...) Describe: _____
Is property visited on regular intervals? Describe: _____
Any hazardous storage? Yes No Describe: _____
Any above/underground storage tanks? Yes No Describe: _____
Any signs warning the public? Yes No Describe: _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant's Signature: _____ Date: _____

Brokerage Name: _____

Broker's Signature: _____ Date: _____