Vacant Land Transmittal Sheet

Agency Contact Name:	
Contact Email:	Phone:
Agency City/Town:	
Insured Name:	Email:

Application:

- Be sure to answer ALL questions and fields, unless answer is not applicable.
- Signatures are not required at this time. We will provide the completed application for signature with the quote.

Submit completed application via email to Jackson Le at jle@massagent.com or fax to 508-634-2930.

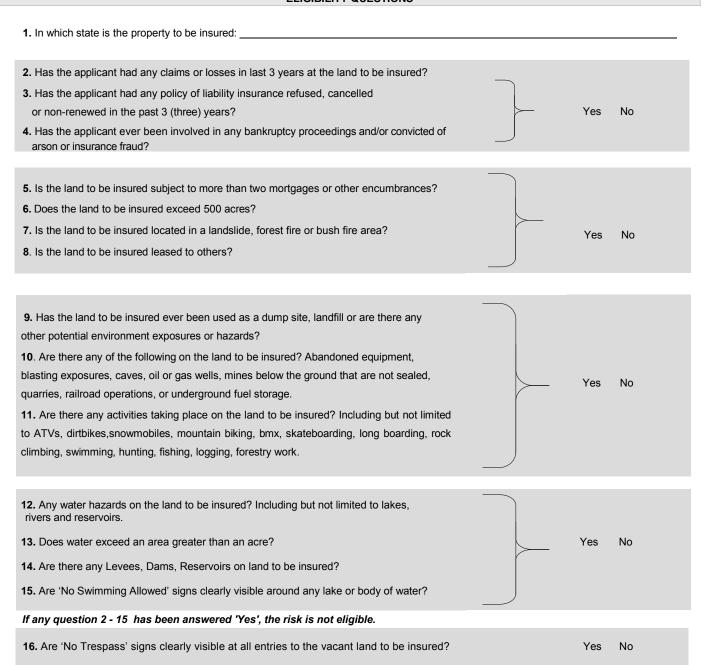


Proudly serving the Members of the Massachusetts Association of Independent Agents

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



APPLICANT DETAILS		
Name and Mailing Address of Applicant:		
	StateZip code	
	17a . Period of Insurance: 3 Months 6 Months 9 Months Annual	
17. Requested Effective Date:		
18. Applicant Type: Individual Partnership Joint	Venture Corporation LLC Other	
Address of Property to be Insured:		
	StateZip code	
Name and Address of Retail Broker:		
	State Zip code	
	PROPERTY CONTACT DETAILS	
Contact Name		
Telephone	_Email	
COVERAGE AND PROPERTY DETAILS		
19. Size of Land in acres? 1-10 11-25 26-	50 51-100 101-200 201-300 301-400 401-500	
20. What was the prior use of the land?		
22. Is the property fenced/posted? Yes No		
	,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000	
24 . Medical Payments: \$500 \$1,000 \$2,50	0 \$5,000 \$10,000	
25. Is TRIPRA coverage required? Yes No	and the second the department of the second	
26. Have there been any insured or uninsured losses o		
been repaired:	ne nature or occurrence, the status, the amount, and whether the damage has	
•	oss payees (if any, including account numbers and outstanding amounts):	
27. Identity all mortgagees, lier noiders and additional l	oss payees (il arry, including account numbers and outstanding amounts)	
28. If required, please enter below details of Additional	Insured:	
	DECLARATION	
	CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT RESULT IN A CLAIM BEING DENIED.	
APPLICATION FOR INSURANCE CONTAINING ANY MISLEADING INFORMATION CONCERNING ANY FACRIME AND SUBJECTS THE PERSON TO CRIMINAI	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF CT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, A, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.	
Applicant's Signature	Retail Broker's Signature	
Date	Date	