

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.



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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

1. In which state is the property to be insured: _____

2. Has the applicant had any claims or losses in last 3 years at the land to be insured?
3. Has the applicant had any policy of liability insurance refused, cancelled or non-renewed in the past 3 (three) years?
4. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?
- Yes No

5. Is the land to be insured subject to more than two mortgages or other encumbrances?
6. Does the land to be insured exceed 500 acres?
7. Is the land to be insured located in a landslide, forest fire or bush fire area?
8. Is the land to be insured leased to others?
- Yes No

9. Has the land to be insured ever been used as a dump site, landfill or are there any other potential environment exposures or hazards?
10. Are there any of the following on the land to be insured? Abandoned equipment, blasting exposures, caves, oil or gas wells, mines below the ground that are not sealed, quarries, railroad operations, or underground fuel storage.
11. Are there any activities taking place on the land to be insured? Including but not limited to ATVs, dirtbikes, snowmobiles, mountain biking, bmx, skateboarding, long boarding, rock climbing, swimming, hunting, fishing, logging, forestry work.
- Yes No

12. Any water hazards on the land to be insured? Including but not limited to lakes, rivers and reservoirs.
13. Does water exceed an area greater than an acre?
14. Are there any Levees, Dams, Reservoirs on land to be insured?
15. Are 'No Swimming Allowed' signs clearly visible around any lake or body of water?
- Yes No

If any question 2 - 15 has been answered 'Yes', the risk is not eligible.

16. Are 'No Trespass' signs clearly visible at all entries to the vacant land to be insured?
- Yes No

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____
_____ State _____ Zip code _____

17. Requested Effective Date: _____ 17a. Period of Insurance: 3 Months 6 Months 9 Months Annual

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 _____

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? _____

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 \$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 losses or claims at the location to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

27. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____

28. If required, please enter below details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____
Date _____ Date _____