



# Vacant Land Product

## VACANT LAND WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

### SECTION I. GENERAL

1. Name of Applicant (Named Insured): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Inspection Contact: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
4. Contact Name and Phone Number: \_\_\_\_\_
5. Applicant is:       Individual                       Partnership                       Corporation                       Other
6. Limit Requested:    100/200                       300/600                       500/1,000                       1,000/2,000
7. Policy Period:       3Months                       6 Months                       9 Months                       12Months

### SECTION II. ELIGIBILITY

8. Is the Vacant Land located in Alaska or Louisiana?                       Yes       No
9. Does the acreage for any location exceed 500 acres?                       Yes       No
10. Does the acreage for any ponds or lakes exceed 25 acres?                       Yes       No
11. Is there more than 1 loss or any open claims in the past 3 years?                       Yes       No
12. Is the land scheduled for any construction or development?                       Yes       No  
If Yes, will the construction or development activity occur during the policy term?                       Yes       No
13. Do any of the following exist on or under the land?                       Yes       No
  - a. Landfill, Quarry, Underground Mines, Caves, Wells, Dams
  - b. Strip Mines, Logging
  - c. Structures (Vacant or otherwise)
14. Is the land leased to others?                       Yes       No
15. Any recreational activities taking place on the property, with or without owner's permission?                       Yes       No
16. Any farming operations taking place on premises?                       Yes       No
17. Is the land being used for commercial purpose, either by applicant or others?                       Yes       No

Address of Location 1: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Lake Acreage \_\_\_\_\_

Address of Location 2: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Lake Acreage \_\_\_\_\_

Address of Location 3: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Lake Acreage \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Some states require that we have the Name and Address of your (insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_  
Address \_\_\_\_\_

Mail Completed Application Through Local Agent or Broker to:  
\_\_\_\_\_