



Vacant Land Supplemental

Named Insured: _____ Location Address: # _____ : _____ City, State, Zip: _____ County: _____	Producers Name & Address
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Vacant land Location(s) & # of acres each: _____

Inspection Contact Name: _____ Telephone #: (_____) _____ - _____

Mortgagee: _____

Additional Insured's (Name, Address, & Interest): _____

Liability Limits: 100/200 300/600 500/1M 1M/2M(Standard) 2M/2M 2M/4M 5M/5M

Within City Limits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any development currently or planned within proposed policy period (12months) If Yes, see product Real Estate Development	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any Lakes? If yes, how many, size (acres) & man made vs. natural:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any reservoirs? If yes, how many & size (acres):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any rivers? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any Dams, levees or Dikes? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any hunting exposure? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any existence of Oil or gas wells? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any existence of underground mines or fuel tanks? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any knowledge that any location currently or formerly used as a landfill?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any recreational activities (examples: snowmobiling, 4-wheeling, skiing, Tubing, motorcycling)? If yes, provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IMPORTANT NOTICE: COVERAGE WILL BE FOR PREMISES LISTED ONLY

FRAUD STATEMENT: Any person who knowingly and with the 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.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X _____ Date: _____ (Licensed Agent)

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