

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. Land use and acreage:

a. Indicate the total acreage of vacant land and land leased to others in the applicable columns below:

Location Number	Acres of Vacant Land	Acres of Land Leased to Others
1		
2		
3		
4		
5		

- b. Explain prior use of the land: _____
- c. Are any underground fuel tanks on the property? Yes No
- d. Are any dams on the property? Yes No
- e. Are there any buildings or equipment on the property? Yes No
 If yes, describe: _____
- f. Are any lakes or bodies of water on the land? Yes No
 If yes, number of acres: _____ Any public access? Yes No

2. Land leased to others:

- a. Tenants use of the land (X all applicable):
- | | | |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Grazing | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Quarry |
| <input type="checkbox"/> Dirt Biking | <input type="checkbox"/> Hunting | <input type="checkbox"/> Snowmobiling |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Landfill | <input type="checkbox"/> Strip Mining |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Logging | <input type="checkbox"/> Other: _____ |
- b. Is the tenant insured? Yes No
 If yes, is applicant named as an additional insured on the tenant's policy? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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.

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
Producer Name	Producer Signature	Date