



United States Liability Insurance Group Vacant Land

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

General

1. Name of Applicant (Named Insured): _____
2. Mailing Address: _____
3. Contact Name and Phone Number: _____
4. Applicant is: Individual Partnership Corporation Other
5. Limits Requested: 100/200 300/600 500/1,000 1,000/2,000
6. Policy Period: 3 Months 6 Months 9 Months 12 Months

Eligibility

- | | Decline | Eligible |
|--|------------------------------|-----------------------------|
| 1. Is the Vacant Land located in AL, AK, LA, MS or WV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the total acreage of all locations exceed 100 acres? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the total acreage for all ponds, lakes or reservoirs exceed 25 acres? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the applicant incurred any losses in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the land scheduled for any construction activity during the policy term? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do any of the following exist on or under the land? | | |
| - Landfill, Quarry, Underground Mines, Caves, Wells, Dams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Strip Mines, Logging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Structures (Vacant or otherwise) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is land leased to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any recreational activities permitted on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 _____

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.

THE STATE OF NEW YORK REQUIRES 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:

Signature of Applicant: _____ Date: _____