

VACANT LAND QUESTIONNAIRE

NAME OF INSURED: _____ QUOTE ONLY PLEASE BIND

MAILING ADDRESS : _____ City: _____ Prov: _____ PC: _____

PRINCIPALS (if in a company name): _____

LAND DETAILS:

Legal description of land-location: _____

Size of Land: _____ Is the property fully fenced? YES NO Are there any signs posted (i.e. private property) YES NO

Are there any hazards (water) or attractive nuisances? (i.e. ponds, lakes, pits, quarries, machinery, open mines, playground equipment etc.) Explain : _____ YES NO

VACANCY

How long has the property been vacant? _____ Why? _____

What is the anticipated future of this land? _____

What will be the approximate duration of vacancy? _____

How often is the property being checked? _____

Is the property being maintained in a usable and salable condition at all times? YES NO

Is there any public use of the land permitted (i.e. cross Country skiing, hunting, snowmobile trails, horseback, off road, swimming)? _____

BUILDING DETAILS:

Are there any buildings on the property? YES NO Age of Building: _____ Openings covered/boarded? YES NO

Does property have fire extinguishers? YES NO Operable smoke detectors? YES NO Alarm system? YES NO

What means have been taken to prevent building from looking unoccupied? _____

POLLUTION EXPOSURES:

Does the land, or has it ever, contained an above or underground tank(s)? YES NO

Is the land deemed to be contaminated? YES NO

Please feel free to contact us with regards to providing appropriate pollution coverage. _____

SCHEDULE

Please list properties to be insured.

| # | Address | Description |
|---|---------|-------------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

Previous Insurance

Type of insurance? _____ Previous insurance company, Policy #: _____

Is renewal being offered? YES NO If no, please explain _____

Loss history (date; paid/estimated amount; cause; open/closed)? _____ Target Premium: \$ _____

Limits Required

General Liability: _____ Deductible Requested: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicants: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Firm: _____ Broker AGT #: _____

Broker Email: _____ Tel: _____ Fax #: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **

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