SPECIAL RISK
INSURANCE MANAGERS

Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7
TOLL FREE 1800 993 6388 | FAX 604 888 1008 |

PREMISES LIABILITY ONLY APPLICATION

Named Insured: _____

Name of Principals: _____

FULL Mailing Address: _____

1. Please provide the location address and size of land parcel:
   Address: _____

   Size of land parcel: _____

2. How many years have you owned the land? _____

3. Do you have "No Trespassing" signs? _____

4. Is the property secured in any way – ie. fencing, gates, etc.?   Yes ☐ No ☐

5. Please advise intended use of this land, and the expected time frame. _____

6. Are there any buildings on this land?   Yes ☐   No ☐
   (If yes, please provide photos)

   What is the use of these buildings?

   _____

7. Please advise how often the property is visited/inspected. _____

8. Is the land used for any farming?   Yes ☐ No ☐
   If so, by owner or third-party?

   (If third-party, owner must be named as additional insured on third-party policy and obtain certificate)

9. Does the property have any special premises hazards such as railroads, wells, private roads, dams, rivers, lakes, streams, creeks, ponds or otherbodies of water? _____

10. Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities? Yes ☐ No ☐

11. Are there any quarries, mines or wells? Yes ☐ No ☐

12. Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? Yes ☐ No ☐

13. What coverage do you require?

Coverage	Limit
Premises LiabilitY	
Deductible	

14. Please provide details of any claims or actions brought against your company including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence | Claim Amounts | | | | Open or Closed |
		Reserve	Paid	Expenses	Deductible	

IMPORTANT - PLEASE READ CAREFULLY:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

_____   _____
Signature of Owner /Operator   Date