

# TOTTEN GROUP

## I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205  
 New Submissions: [casualty@tottengroup.com](mailto:casualty@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

### VACANT LAND APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other (Specify) \_\_\_\_\_

1. Business Name \_\_\_\_\_  
 Principal(s) \_\_\_\_\_  
 Subsidiaries, Partners and Joint Ventures \_\_\_\_\_

2. Mailing address \_\_\_\_\_  
 Website Address \_\_\_\_\_

3. Number of years in operation \_\_\_\_\_ Number of years experience \_\_\_\_\_  
 If new operation/company describe work experience of the principals \_\_\_\_\_

4. Claims History – Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence and Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No

If yes, please give details \_\_\_\_\_  
 \_\_\_\_\_

5. Does applicant presently carry insurance?  Yes  No

If yes, who is present insurer? \_\_\_\_\_ Premium \_\_\_\_\_ Limit \_\_\_\_\_

Current expiry date? \_\_\_\_\_ Expiring Premium \_\_\_\_\_ Renewal Premium \_\_\_\_\_

Is present insurance Claims Made?  Yes  No If Yes, state retro date \_\_\_\_\_

Are they willing to renew?  Yes  No If no, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**LIABILITY INFORMATION**

Legal Description of the land-location:

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- 1. Is there any water on the land (lakes, ponds, streams)?  Yes  No
  - 2. Is the property fenced?  Yes  No
  - 3. Are there any building(s) on the property?  Yes  No  
 If yes, what is the condition? Please describe. Are all openings covered and/or boarded up? \_\_\_\_\_

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  - 4. Are there any attractive nuisances? (i.e. gravel pits, mines, machinery, open mines, playground equipment)  Yes  No
  - 5. Are there any signs posted (i.e. no trespassing)?  Yes  No
  - 6. How long will the land be vacant?  Yes  No
  - 7. What was the prior use of the land? \_\_\_\_\_

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  - 8. What are the future plans for the land? When will it be developed or sold? \_\_\_\_\_
  - 9. How often is the property checked? \_\_\_\_\_
  - 10. Is any public use of the land permitted? (i.e. cross country skiing, snowmobile trails, off-road vehicles, hunting)  Yes  No  
 Liability Limits Required:  \$1,000,000       \$2,000,000       \$5,000,000       Other  
 Deductible Requested:  \$1,000       \$2,500       \$5,000       Other

**BROKER DECLARATION**

**Each and every question must be answered by the Broker and/or Account Executive.**

- Is this account NEW to your office?  Yes  No      Is the operation financially sound?  Yes  No
- If no, how long have you known the applicant? \_\_\_\_\_ Do you recommend this applicant in every respect?  Yes  No
- Other Markets approached \_\_\_\_\_

**Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.**

\_\_\_\_\_  
\_\_\_\_\_

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Position in Organization)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Broker)

\_\_\_\_\_  
(Date)

**Complete Name and Address of Insurance Brokerage**

**Broker Email Address:** \_\_\_\_\_