

**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 (including postal code):  
 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, construction debris, 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:

**DECLARATION / CONSENT**

**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](mailto:newbizcommercial@premiergroup.ca) \*\***

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