



CARRIER:

United States Liability Insurance Company

Land Leased to Others Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Please fill out the Instant Quote Information section, along with the section (s) you are requesting coverage.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

The land is leased to others for: (Check all that apply) Animal grazing Auto sales lot Building on premises Crop farming Equipment storage or vehicle parking Other (Describe below)

1. Have there been any losses in the last three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. How many acres? _____ (If less than one acre, enter 1)

3. Is the applicant named as additional insured on tenant's general liability policy and does the applicant obtain a certificate of insurance to verify? Yes No

4. Does the lease require tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice, adjacent to any building. E.g. sidewalks, driveways, parking lots, etc.? Yes No

5. Are there any lakes or ponds on the premises? Yes No

a. If "Yes," how many acres? _____ (If less than one acre, enter 1)

b. How many lakes or ponds? _____

Liability Coverage

6. Occurrence/Aggregate limit \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$5,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ELIGIBILITY CRITERIA

- 7. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually in the past five years? Yes No
- 8. Has Insurance coverage been cancelled or non-renewed in the past three years? Yes No
- 9. Is the land leased for mineral rights such as coal, stone, metals, oil, or natural gas? Yes No
- 10. Is the land used for snowmobiling, motorized vehicles or bikes? Yes No
- 11. Are there any landfills, quarries, underground mines, strip mines, caves, wells or dams, or are there bridges for vehicle use on the premises? Yes No
- 12. Are any construction activities scheduled to occur during the policy term? Yes No
- 15. Other than tree growing, will there be logging operations undertaken during the policy term? Yes No
- 16. Is land leased for medical marijuana growing? Yes No
- 17. Does the applicant require all tenants to maintain their own General Liability Insurance and obtains a certificate of insurance for verification? Yes No

III. ADDITIONAL LOCATIONS

Street Address	City	Province	Postal Code	Acres	# of Lakes or Ponds?	Total Lake/Pond acreage?

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____