



# Vacant Land Supplemental Application

**APPLICANT'S NAME**

Mailing Address City State Zip

Location Address\* (if different than mailing) City State Zip

**Total Acreage**

\*Please note that contiguous parcels of land should be considered one location

**DESIRED TERM:**

- Annual   
  9 Months   
  6 Months   
  3 Months

**DESIRED GENERAL LIABILITY LIMITS**

- \$100,000/\$200,000   
  \$100,000/\$300,000   
  \$300,000/\$300,000   
  \$300,000/\$600,000  
 \$500,000/\$500,000   
  \$500,000/\$1,000,000   
  \$1,000,000/\$1,000,000   
  \$1,000,000/\$2,000,000

**GENERAL UNDERWRITING INFORMATION & ELIGIBILITY**

YES     NO

1. Have there been any General Liability losses in the past three years?

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

2. Any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the last five years?  YES     NO
3. Has coverage been cancelled or non-renewed in the past three years for any reason other than the building being vacant (not applicable in Missouri)?  YES     NO
4. Are there any construction activities scheduled to occur during our policy term?  YES     NO
5. Will activities of any kind (business, recreational or other) take place on the property, with or without the owner's permission?  YES     NO
6. Are there any structures on the premises?  YES     NO
7. Any exposure to landfills, quarries, underground mines, strip mines, caves, wells or dams?  YES     NO
8. Are there any leased operations on the vacant land?  YES     NO
9. Is there any land owned by or part of the common area of a residential or business association?  YES     NO
10. Is there any exposure to a lake or a pond? If yes, confirm the acreage of the lake/pond\_\_\_\_\_  YES     NO



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11. Is there a mortgagee that needs to be added? YES  NO

Name	Interests	Address

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Name (Please Print)

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Applicant's Signature Date