



# Land Leased To Others Product Application – All States

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

## 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: \_\_\_\_\_

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

Liability Limits:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Land is leased to others and the applicant does not have any operations on the land  True  False

The applicant requires all tenants to carry their own general liability insurance and obtains a certificate of insurance to verify  True  False

The applicant is named as additional insured on tenant's general liability and obtains a certificate of insurance to verify  True  False

The lease requires tenant(s) to maintain and/or repair the premises, including keeping premises free of snow and ice, adjacent to any building, e.g. sidewalks, driveways and parking lots  True  False

# Acres of land: \_\_\_\_\_

Indicate use of land:

- Equipment storage or vehicle parking (not auto sales lot)
- Animal grazing
- Athletic fields
- Auto sales lots (new or used)
- Crop farming
- Building on premises-(Only land is leased-building is owned by lessee)
- All other uses. Describe use: \_\_\_\_\_

# Lakes: \_\_\_\_\_ and total acres: \_\_\_\_\_

### Additional Insured

Name	Relationship/Interest	Address	City, State, Zip

## II. LOSS INFORMATION FOR THE PAST THREE YEARS

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ELIGIBILITY CRITERIA

- No construction activities scheduled to occur on the land during our policy term  True  False
- No logging operations being undertaken during the policy term (tree growing is permitted)  True  False
- No exposure to landfills, quarries, underground mines, strip mines, caves, wells or dams  True  False
- No land leased for mineral rights (for coal, stone, metals, oil or natural gas)  True  False
- No land used for snowmobiling, motorized vehicles or bikes  True  False
- No more than 1,000 acres at any location  True  False
- No 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 in the past five years  True  False

8. In the past three years, no more than two general liability losses (excluding closed no pay)  True  False  
 9. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  True  False  
 If False, advise reason \_\_\_\_\_

**IV. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_