



# VERACITY INSURANCE SOLUTIONS

260 S. 2500 W., SUITE 303  
PLEASANT GROVE, UT 84062  
866-395-1308

## VACANT LAND APPLICATION - Important: Please Include Acord Application

### SECTION I. GENERAL INFORMATION

1. Name of Applicant (Named Insured): \_\_\_\_\_
2. Contact Name & Phone Number: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Inspection: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_
5. Applicant is:       Individual       Partnership       Corporation       Other
6. Limit Requested:    100/200       300/600       500/1,000       1,000/2,000
7. Policy Period:       3 Months       6 Months       9 Months       12 Months

### SECTION II. ELIGIBILITY

8. Are there any lakes, ponds, or other bodies of water present?       Yes       No
9. Is there more than 1 loss or any open claims in the past 3 years?       Yes       No
10. Is the land scheduled for any construction or development?       Yes       No  
If yes, will the construction or development activity occur during the policy term?       Yes       No
11. Do any of the following exist on or under the land?       Yes       No
- a. Landfill, quarry, underground mines, caves, wells, dams
- b. Strip mines, logging
- c. Structure (vacant or otherwise)
12. Is the land leased to others?       Yes       No
13. Any recreational activities taking place on the property, with or without owner's permission?       Yes       No
14. Any farming operations taking place on premises?       Yes       No
15. Is the land being used for commercial purpose, either by applicant or others?       Yes       No
16. Is any insured with prior, existing, or pending bankruptcy in the past 3 years?       Yes       No
17. Are there any underground fuel tanks on the property?       Yes       No
18. Was the land ever involved in any pollution issues?       Yes       No
19. Please describe any security measures that are used (fences, signs, etc):  
\_\_\_\_\_



Address of Location 1: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Lake Acreage: \_\_\_\_\_

Address of Location 2: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Lake Acreage: \_\_\_\_\_

NOTICE OF INSURANCE INFORMATION PRACTICES. In connection with this application for insurance (and subsequent policy renewals), your personal information may be collected from persons other than you and without your authorization (e.g., credit reports). You have the right to review your personal information in our files and may request correction of any inaccuracies contained therein. A more detailed description of your rights and our practices regarding such information will be available upon request and you may contact your agent or broker for instructions regarding how to submit this request to us.

Any person who knowingly files an application for insurance or a statement of claim with materially false information with the intent to defraud an insurance company or another person is committing a fraudulent insurance act. Moreover, any person who has concealed material facts for the purpose of providing misleading information is also committing a fraudulent insurance act. These acts are crimes and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OR, or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied). In Florida, it is a third degree felony to knowingly file a statement of claim or any application containing false, incomplete, or misleading information with the intent to injure, defraud and/or deceive any insurer.

The undersigned is an authorized representative of the applicant and acknowledges that reasonably inquiry has been made to obtain the information on this application. He/she acknowledges that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature (Owner or Officer)

Date

\_\_\_\_\_

\_\_\_\_\_

Broker Signature

Date

\_\_\_\_\_

\_\_\_\_\_