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| **PREMISES LIABILITY FOR VACANT LAND** - Application for Insurance |

This product is designed to provide Liability insurance protection for owners of vacant lots or parcels of land. This product does NOT extend liability to any sort of operation/activity whatsoever – the coverage is strictly an owners/landlords protection coverage.

**Instead of completing this application form, consider trying *JET*, our self-serve platform.**

***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Contact Email Address for E-Signature\* | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Applicant Name (legal name): | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Province of Applicant: | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **CLAIMS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has the Applicant ever had a loss or claim (insured or otherwise)? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Provide details of the claim or order: | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | | | | | | |
| Has the Applicant ever had insurance refused or cancelled? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, please describe the details related to the refusal/cancellation: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | Due to cancel for non payment – all outstanding premium have been paid | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Due to cancel for non payment – premium still owing to the insurer | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Due to incidents/ claims | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Other – Describe: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **NUMBER OF LOCATIONS REQUIRING COVERAGE** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| How many separate locations (legal lots) is Liability coverage requested for? | | | | | | | | | | | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **ATTESTATION OF COVERAGE LIMITATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant understands that should coverage be afforded, this Liability insurance protection is to cover that of an owner/landlord of vacant lots or parcels of land. NO coverage is provided for any sort of operation/activity whatsoever (except what is usual to own and maintain the land): | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Location #1 Information** | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Full legal location address: | | | | |  | | | | | | | | | | | City: | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| Province: | | | | |  | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| Is the lot a city sized residential (max 2 acres in size) vacant lot? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | |
|  | If no, size of the lot (in acres): | | | | | | |  | | | | |  | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| The Applicant(s) confirms that this land is vacant (NO structures on site)? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If no, describe all structures and age and condition of each: | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| The Applicant(s) confirms that this land is vacant (no construction or activities of any sort are/will take place on this land): | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant(s) ensure signs are posted (“No Trespassing”)? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant(s) lease out any part of the land for agricultural purposes? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, does the Applicant(s) obtain confirmation the farmer is maintaining appropriate farm liability coverage for such operations? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Is there any livestock or horses on the land? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | If yes, are animals strictly kept in a fenced enclosure? | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant(s) PROHIBIT any public use of the land? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If no, describe all types of possible public access use of the land: | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **ATTRACTIVE NUISANCES** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Are there any bodies of water on the land (pond, lake, river etc)? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, is access from the property to the body of water fully restricted by a fence? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Are there any pits or quarries on the land? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, is access from the property to the pit or quarry fully restricted by a fence? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Is there any machinery/equipment or construction debris on the land? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, is access from the property to the machinery/equipment and construction debris fully restricted by a fence? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PRIOR INCIDENTS OF TRESPASSING** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Are or have there been any issues with vagrants, squatters, trespassers or vandals on the land? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Describe the situations with trespassers and what has been done to prevent further issues: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **POLLUTION EXPOSURE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any storage tanks located on this land? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, are all storage tanks covered under a separate pollution liability policy arranged via Forward Insurance Managers Ltd.? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | If yes, Forward Pollution liability policy number: | | | | | | | | | | | | | |  | | | | |  | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| Is the land contaminated/polluted? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Designated Premises Liability (OLT form) Limit: | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | $1,000,000 | | | | | | $2,000,000 | | | | | $3,000,000 | | | | | | | | $4,000,000 | | | | | $5,000,000 |
|  |  | | | | | |  | | | | |  | | | | | | | |  | | | | |  |
| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Policy Term Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Mailing address: | | |  | | | | | | | | | | | | | City: | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | |  | | | | | |  | | | |
| Province: | | |  | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| **ADDITIONAL INSUREDS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| **Additional Insured #1** | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| Full Name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address: | | |  | | | | | | | | | | | | | City: | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | |  | | | | | |  | | | |
| Province: | | |  | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
|  | Conservation Organization | | | | | | | | | | | | | | Government Body | | | | | | | | | | |
|  | Lessor/ Finance Company | | | | | | | | | | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | |
|  | Subsidiary (not wholly owned by applicant) | | | | | | | | | | | | | | Joint venture | | | | | | | | | | |
|  | Utilities Entity | | | | | | | | | | | | | | Other | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant(s):** | | | | | |  | | | | | | | | **Date:** | | | | | | |  | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
| **Brokerage:** | |  | | | | | | | | | | | | **Broker ID#:** | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | |  | | | | | |
| **Broker Email:** | |  | | | | | | | | | | | | **Phone:** | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | |  | | | | | |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.** | | | | | | | | | | | | | | | | | | | | | | | | | | |