

LIONS GATE UNDERWRITING

VACANT LAND APPLICATION

I. General Information

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

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

Form of business: Individual Corporation Partnership LLC Trust Other _____

1. Have there been any insured or uninsured losses in the past 5 years? Yes No

If 'yes', please provide details below:

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

2. Provide risk locations and land details:

RISK LOCATION ADDRESS	SIZE OF LAND (ACRES)	FULLY FENCED (Y/N)	SIGN POSTED (Y/N)	# OF LAKES / PONDS	SIZE OF LAKE / POND (ACRES)	ANY ACTIVITIES, STRUCTURE, OR HAZARDS ON PREMISES? If yes, please provide details.

How long is the land expected to remain vacant?: _____

What is the anticipated use of the land?: _____

Does the public have access to the use of the land?: Yes No

How often is the risk checked and by whom?: _____

Is the property clear of debris and junk? Yes No

Any building on the property? Yes No
If yes, please answer below:

Is the building currently damaged by fire or otherwise? Yes No

Is the building locked, all openings boarded and secured from unauthorized entry? Yes No

Is the building scheduled for demolition during the policy term? Yes No

Will there be any construction activities during the policy term? Yes No

If "Yes," does the Insured obtain proof that Construction contractors carry their own Commercial General Liability policy? Yes No

Coverage Requirements

Premises Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
Deductible: \$1,000 \$2,500 \$5,000

Additional Interests:

Name: _____
Interest: _____
Address: _____
City: _____ Province/Territory: _____ Postal Code: _____

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: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____ Date: _____