



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

General

1. Name of Applicant (Named Insured): _____
2. Mailing Address: _____
3. Contact Name and Phone Number: _____
4. Applicant is: Individual Partnership Corporation Other
5. Limits Requested: 100/200 300/600 500/1,000 1,000/2,000
6. Policy Period: 3 Months 6 Months 9 Months 12 Months

Eligibility

	Decline	Eligible
1. Is the Vacant Land located in AL, AK, LA, MS or WV?	Yes	No
2. Does the total acreage of all locations exceed 100 acres?	Yes	No
3. Does the total acreage for all ponds, lakes or reservoirs exceed 25 acres?	Yes	No
4. Has the applicant incurred any losses in the last 3 years?	Yes	No
5. Is the land scheduled for any construction activity during the policy term?	Yes	No
6. Do any of the following exist on or under the land?		
- Landfill, Quarry, Underground Mines, Caves, Wells, Dams	Yes	No
- Strip Mines, Logging	Yes	No
- Structures (Vacant or otherwise)	Yes	No
7. Is land leased to others?	Yes	No
8. Any recreational activities permitted on premises?	Yes	No

Address of Location 1: _____

Number of Acres: _____ Lake Acreage _____

Address of Location 2: _____

Number of Acres: _____ Lake Acreage _____

Address of Location 3: _____

Number of Acres: _____ Lake Acreage _____

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.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
NAME OF AUTHORIZED AGENT OR BROKER _____
ADDRESS _____

MAIL COMPLETED APPLICATION
THROUGH LOCAL AGENT
OR BROKER TO:

Signature of Applicant: _____ Date: _____