



**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

## PREMISES LIABILITY APPLICATION

Named Insured: \_\_\_\_\_

Name of Principals: \_\_\_\_\_

**FULL** Mailing Address: \_\_\_\_\_

1. Please provide the location address and size of land parcel:

Address: \_\_\_\_\_

Size of land parcel: \_\_\_\_\_

2. How many years have you owned the land? \_\_\_\_\_

3. Do you have "No Trespassing" signs? \_\_\_\_\_

4. Is the property secured in any way – ie. fencing, gates, etc.? Yes  No

5. Please advise intended use of this land, and the expected time frame. \_\_\_\_\_

6. Are there any buildings on this land? Yes No  
*(If yes, please provide photos)*

What is the use of these buildings?

\_\_\_\_\_

7. Please advise how often the property is visited/inspected. \_\_\_\_\_

8. Is the land used for any farming? Yes  No   
If so, by owner or third-party?

*(If third-party, owner must be named as additional insured on third-party policy and obtain certificate)*

9. Does the property have any special premises hazards such as railroads, wells, private roads, dams, rivers, lakes, streams, creeks, ponds or otherbodies of water? \_\_\_\_\_

10. Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities? Yes  No

11. Are there any quarries, mines or wells? Yes  No

12. Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? Yes  No

13. What coverage do you require?

Coverage	Limit
Commercial General	
Deductible	

14. Please provide details of any claims or actions brought against your company including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

**IMPORTANT - PLEASE READ CAREFULLY:**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

\_\_\_\_\_  
Signature of Owner /Operator

\_\_\_\_\_  
Date