

## **Land Owners Liability Proposal Form**

Please complete in CAPITAL LETTERS using black ink and tick boxes as appropriate. Please complete all questions where applicable and provide full details where applicable, particularly for questions with GREY boxes.

•	Employer Details								
	me or Company Name Email Address			Telephone Number					
	Correspondence Address								
	Made an insurance claim on this type of insurance (whether paid or not) in the last 5 years?				No				
	Ever been convicted of any criminal offence, other than a motoring offence?				No				
	Ever been declared bankrupt or subject to bankruptcy proceedings?				No				
	Ever had this type of insurance declined, cancelled or any special terms imposed for any reason?				No				
	Address of Land								
	What is the size of the land to be insured, in acres?								
	te road	etc.							
	Is the land being used to grow crops for a commerc	ial benefit?	Yes		No				
	Do you allow neighbours to use the land to let their animals graze?		Yes		No				
	Are there any buildings/structures on the land?				No				
	Are there any watercourses or significant water fea	tures within the land to be insured or adjacent?	Yes		No				
	Are there any footpaths or rights of way attaching t	o, over, or adjacent to the land to be insured?	Yes		No				
	Is or was the land ever used by any Petrol Station, C Stations, Underground Mines or any other industrie		Yes		No				

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				30 100 State Clark	
	If you have answered "Yes" to any o	of the above questions, pleas	e provide details below		
		T T		T T	
	What limit of liability is required?	£1,000,000	£2,000,000	£5,000,000	
IMPC	DRTANT				
Pleas	e read the following carefully before	you sign and date the Declar	ation.		
The coundermate mater the p	have answered "Yes" to any of the colle to be included in the space provided uestions on this proposal form and a rwriting this insurance. However, become information which is known to your included in the subject of the ecommend that you should keep a resurpose of entering into this insurance was ARATION are signing the Declaration please checolecter that to the best of my/our known to be included in the signing the declaration please checolecter in the significant in	ed on the next page.  ny other details we specifical cause no list of questions can be which could influence our of a specific question may invocord, including copies of lette.  ek your answers carefully, pages.	lly request relate to facts whice be exhaustive please consider assessment and acceptance of validate your insurance.  ers and this Proposal Form, of tricularly if this Proposal Form	h we consider material to r whether there is any other f the risk. Failure to disclose all all information supplied to us fo is not completed in your own h	
	agree that if any answers have been	completed by any other pers	son, such person shall for that	purpose de regarded as my/our	
I/We	t and acting on my/our behalf. agree that the information provided part of the insurance contract.	on this Proposal Form and a	ny information supplied by me	·/us shall be incorporated in and	
I/We form	agree that the information provided	on this Proposal Form and a	Date of signing	e/us shall be incorporated in and	
I/We form Signa	agree that the information provided part of the insurance contract.	on this Proposal Form and a		e/us shall be incorporated in and	
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Please Note: A text based signature is not accepted by insurers

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Please return completed form to:-