



**Bare Land Questionnaire**

**Attn: Torey Plummer**

Email: [torey@harrp.com](mailto:torey@harrp.com) / Phone: (360) 574-9035 x103

**Insured's name:** \_\_\_\_\_

**Insured's address:** \_\_\_\_\_

**Contact name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location name (if applicable):** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_

**Location address/Parcel #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Effective date:** \_\_\_\_\_ **Plans to develop the bare land?\*** Y / N

*\*If yes, please provide a brief narrative of timeline and who will own the land before, during, and after construction?* \_\_\_\_\_

**Are there any outbuildings on the property?** Y / N      **If yes, are "No Trespassing" signs clearly posted?** Y / N

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I certify that the information on the application is true and accurate to the best of my knowledge. I understand that if alternate information becomes available, it may result in a change of premium or policy/coverage cancellation.*

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**\*For underwriting use only\***

**Underwriting Signatures(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_