**LANDOWNERS PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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| Applicant’s Name:             Mailing Address:              | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**A. Land Use and Acreage:**

**1. Indicate location address and total acreage in applicable column:**

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| **Loc.No.** | **Location Address** | **Vacant Land(acreage)** | **Real EstateDevelopmentProperty(acreage)** | **Land Leasedto Others(acreage)** |
| **1** |       |       |       |       |
| **2** |       |       |       |       |
| **3** |       |       |       |       |

**2. What was the prior use of the land?**

**3. Is applicant involved in or exposed to any hydraulic fracturing or hydrofracking operations?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**4. Is land zoned for residential use?** [ ]  Yes [ ]  No

**5. Was land ever used as a landfill?** [ ]  Yes [ ]  No

**6. Is land a hunting preserve?** [ ]  Yes [ ]  No

**7. Is land used for snowmobiling or motorized vehicles and bikes?** [ ]  Yes [ ]  No

**8. Are there logging or lumbering operations on owned or leased land?** [ ]  Yes [ ]  No

**9. Any underground fuel tanks on the property?** [ ]  Yes [ ]  No

**10. Any below ground mines on the property?** [ ]  Yes [ ]  No

If yes: [ ]  Sealed [ ]  Not Sealed

**11. Any water wells on the property?** [ ]  Yes [ ]  No

If yes: [ ]  Sealed [ ]  Not Sealed

Describe:

**12. Any oil or gas wells on the property?** [ ]  Yes [ ]  No

If yes: [ ]  Sealed [ ]  Not Sealed

**13. Are there any buildings or equipment on the property?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**14. Any dams on the property?** [ ]  Yes [ ]  No

If yes, complete Dam Questionnaire, GLS-113.

**15. Any lakes on the property?** [ ]  Yes [ ]  No

If yes, number of acres:

**16. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**B. Real Estate Development Property:**

**1. Nature of planned development:**

[ ]  Residential:

Total number of planned homes and/or home sites:

Townhomes or Condominiums? [ ]  Yes [ ]  No

[ ] Commercial

[ ]  Other:

**2. Describe the work to be done:**

**3. Has site preparation work been completed?** [ ]  Yes [ ]  No

If yes, by whom?

**4. Expected start date:**       **Expected completion date:**

**5. Estimated cost for renovation/construction operations:**

During next twelve (12) months: $

For entire project: $

**6. Who is performing the work?** [ ]  Licensed contractor [ ]  Applicant acting as general contractor

[ ]  Other:

**7. Are certificates of insurance obtained from the contractor or subcontractors?** [ ]  Yes [ ]  No

**(a)** Does applicant obtain a written contract from the contractor or subcontractors which includes a hold-harmless clause in favor of the applicant? [ ]  Yes [ ]  No

**(b)** Is applicant named as an additional insured on the contractors or subcontractors policy? [ ]  Yes [ ]  No

**(c)** Minimum limits required for a subcontractor’s policy:

**C. Land Leased to Others—Tenant’s Use of the Land:**

[ ]  Camping [ ]  Dirt Biking [ ]  Fishing [ ]  Hiking [ ]  Landfill [ ]  Quarry

[ ]  Cross Country Skiing [ ]  Farming [ ]  Grazing [ ]  Hunting [ ]  Parking [ ]  Strip Mining

[ ]  Other (describe):

**1. Is the tenant insured?** [ ]  Yes [ ]  No

**2. Does applicant obtain evidence of insurance from the tenant naming the applicant as an ad-ditional insured on the tenant’s policy?** [ ]  Yes [ ]  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

*(*Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |