

LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Land Use and Acreage:

Indicate the total acreage applicable to the land in the applicable column and row.

Loc. No.	Vacant Land	Real Estate Development Property	Land Leased to Others
1			
2			
3			

What was the prior use of the land? _____

Was land ever used as a land fill? Yes No

Any underground fuel tanks on the property? Yes No

Any below ground mines on the property? Yes No

If yes: Sealed Not Sealed

Any dams on the property? Yes No

If yes, complete Dam Questionnaire, GLS-113.

Any lakes on the property? Yes No

If yes, number of acres: _____

Are there any buildings or equipment on the property? Yes No

If yes, describe: _____

2. Real Estate Development Property:

Nature of planned development:

Residential:

Total number of planned homes and/or home sites? _____

Townhomes or Condominiums? Yes No

Commercial

Other: _____

Describe the work to be done: _____

Has site preparation work been completed? Yes No

If yes, by whom? _____

Expected start date: _____ Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor

Other: _____

Are certificates of insurance obtained from contractors or subcontractors? Yes No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? Yes No

Estimated cost for renovation/construction operations:

During next 12 months \$ _____

For entire project \$ _____

If applicant is acting as the general contractor:

(1) Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? Yes No

(2) Is applicant named as an additional insured on the subcontractor's policy? Yes No

3. Land Leased to Others:

- Tenant's use of the land:
- Farming Grazing Parking Quarry Strip Mining
 - Hunting Camping Fishing Hiking Cross Country Skiing
 - Logging Land Fill Dirt Biking Snowmobiling
 - Other (describe): _____

Is the tenant insured? Yes No

Is applicant named as an additional insured on the tenant's policy? Yes No

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)