



LANDOWNERS PROGRAM SUPPLEMENTAL APPLICATION
 (Complete in addition to ACORD General Liability Application)

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:

Loc. No.	Location Address	Vacant Land (acreage)	Real Estate Development Property (acreage)	Land Leased to 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
 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
 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
 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 additional 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)

IMPORTANT NOTICE

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.