

## LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address:

2.

## 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	e prior use of the land?					
Is the land zoned for residential use?						
Was land ever used as a land fill?						
Any underground fuel tanks on the property?						
Any below ground mines on the property?						
If yes:						
Any dams or	Yes 🗆 No					
If yes, co	omplete Dam Questionnaire, GLS	S-113.				
Any lakes on the property?						
lf yes, nu	umber of acres:					
Any oil or gas wells?						
Are there any buildings or equipment on the property?						
lf yes, de	escribe:					
Real Estate	Development Property:					
	nned development:					
	dential:					
Tota	I number of planned homes and/	or home sites?				
	·					
🗌 Com	mercial					
Other	er:					

Has site preparation work beer	n completed?			Yes 🗌 No
If yes, by whom?				
Expected start date:			Expected completion date:	
Who is performing the work?			☐ Applicant acting as g	
Are certificates of insurance of	otained from cor	ntractors or subc	ontractors?	Yes 🗆 No
Is a contract containing a hold-	harmless claus	e holding applica	int harmless obtained fro	om the contractor?. $\Box$ Yes $\Box$ No
Estimated cost for renovation/c	construction ope	erations:		
During next 12 months \$ For entire project \$				
If applicant is acting as the ger	neral contractor:			
	applicant?			Yes 🗌 No
(2) Is applicant named as	an additional ir	sured on the sub	ocontractor's policy?	Yes 🗌 No
(3) Minimum limits require	ed for a subcont	ractor's policy:		
Land Leased to Others:				
Tenant's 🛛 Farming	Grazing	Parking	Quarry	☐ Strip Mining
use of the land: 🗌 Hunting	Camping	☐ Fishing	Hiking	Cross Country Skiing
	Land Fill	Dirt Biking	Snowmobiling	Motorized Vehicles or Bikes
🗌 Other (de	scribe):			
Is the tenant insured?				Yes 🗆 No
Is applicant named as an addition	onal insured on	the tenant's poli	cy?	Yes 🗆 No
Does applicant have other be If yes, explain and advise wher				ed? 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:

3.

4.

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:	
(Арр	licable to Florida Agents Only.)
IOWA LICENSED AGENT:	