



PRIMARY CASUALTY DEPARTMENT

LANDOWNERS' SUPPLEMENT

Complete in addition of ACORD General Liability Application.

1. APPLICANT

Name of Applicant _____

2. LAND USE AND ACREAGE

1. Indicate the total acreage applicable to the land listed below:

Location Number _____

Vacant Land _____

Real Estate Development Property _____

Land Leased to Others _____

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

3. Any underground fuel tanks on the property? _____

4. Are there any buildings or equipment on the property? _____

If yes, please describe: _____

3. REAL ESTATE DEVELOPMENT PROPERTY

1. Nature of planned development?

___ Residential

___ Commercial

___ Other _____

2. Describe work to be done _____

3. Expected start date _____ Expected completion date _____

4. Who is performing the work?

___ Licensed Contractor

___ Applicant acting as General Contractor

___ Other _____

5. Are certificates of insurance obtained from contractors or subcontractors? _____

6. Is a contract containing a **hold harmless** clause holding applicant harmless obtained from the Contractor? _____

7. Are the General Contractor and all Subcontractors required to name the owner as an additional Insured at equal limits of liability? _____

8. Do the General Contractor and all Subcontractors' carry **Products/Completed Operations** coverage on an **occurrence** basis? _____

9. Estimate cost of renovation/construction operations:

During the next 12 months \$ _____

For the entire project \$ _____

4. LAND LEASED TO OTHERS

1. Tenants use of the land:

- | | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Farming | <input type="checkbox"/> Grazing | <input type="checkbox"/> Parking | <input type="checkbox"/> Quarry | <input type="checkbox"/> Strip Mining |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Camping | <input type="checkbox"/> Fishing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Logging | <input type="checkbox"/> Land Fill | <input type="checkbox"/> Dirt Biking | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Other _____ | | | | |

2. Is the tenant insured? _____

3. Is the applicant named as an additional insured on the tenant's policy? _____

I hereby certify that all of the above information is accurate to the best of my knowledge.

Applicant's Signature

Producer's Signature

Date

Date