

VACANT LAND 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.			
4.			

What was the prior use of the land? _____

Is the land zoned for residential use? No Yes

Was the land ever used as a land fill? No Yes

Any underground mines on the property? No Yes

Any below ground mines on the property? No Yes If yes: Sealed? _____

Any Dams on the property? No Yes

Any lakes on the property? No Yes If yes, number of acres: _____

Any Oil or Gas Wells? No Yes

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

Commercial? No Yes

Other Uses? _____

Describe the work to be done: _____

Has site preparation work been completed? _____ If Yes, by whom _____

Expected Start Date: _____ Expected Completion Date: _____

Who is performing the work?

Licensed Contractor? _____

Applicant Acting as a General Contractor? _____

Other: _____

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

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

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 include a hold-harmless clause in favor of the applicant? No Yes

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

(3) Minimum Limits required for a subcontractors policy: \$ _____

3. Land Leased to Others:

Tenants use of the land? (Please choose all that apply)

____ Farming ____ Grazing ____ Parking ____ Quarry ____ Strip Mining ____ Hunting
____ Camping ____ Fishing ____ Hiking ____ Cross Country Skiing ____ Logging ____ Land Fill
____ Dirt Biking ____ Snowmobiling ____ Motorized Vehicles or Bike ____ Other: _____

Is the tenant insured? No Yes

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

4. Does applicant have other business ventures for which coverage is not required? No Yes

If yes, explain and advise where insured: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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.

Maine, Tennessee, Virginia, 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.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature	Date	
Agent's or Broker's Name (Please print)	Telephone Number	Agents Signature
License No.	Date	