



# AmWINS Access Insurance Services

## Landowners Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

### APPLICANT INFORMATION

NAME:

### LAND USE AND ACREAGE

1. Indicate location address and total acreage in applicable column:

Loc. No.	Location Address	Real Estate Development Property (acreage)	Land Leased to others (acreage)	Vacant Land (acreage)	Total Acreage
1					
2					
3					

2. What was the prior use of the land? \_\_\_\_\_
3. Is applicant involved in or exposed to any fracking operations?  Yes  No
4. Is the land zoned for residential use?  Yes  No  
 If **Yes**, is land located in an existing subdivision?  Yes  No  
 If **Yes**, have you developed or sold any lots within the subdivision?  Yes  No
5. Was land ever used as a land fill?  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 property?  Yes  No
9. Any underground fuel tanks on the property?  Yes  No
10. Any below ground mines or caves on the property?  Yes  No
11. Any water wells on the property?  Yes  No
12. Any oil or gas wells on the property?  Yes  No  
**If any oil & gas operations, please provide a copy of the Certificate of Insurance from the oil company showing the applicant is provided Additional Insured status.**
13. Are there any buildings or equipment on the property?  Yes  No  
 If **Yes**, describe: \_\_\_\_\_
14. Any dams on the property?  Yes  No
15. Any lakes or other water exposures on the property?  Yes  No  
 If **Yes**, please describe including number of acres: \_\_\_\_\_

### REAL ESTATE DEVELOPMENT PROPERTY

If not applicable please check here:

16. Nature of planned development:
  - Residential:
    - Total number of planned homes and/or home sites: \_\_\_\_\_
    - Townhomes or Condominiums?  Yes  No
  - Commercial
  - Other: \_\_\_\_\_
17. Describe the work to be done: \_\_\_\_\_
18. Has site preparation work been completed?  Yes  No  
 If **Yes**, by whom? \_\_\_\_\_
19. Expected start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_
20. Who is performing the work?  Licensed contractor  Applicant acting as general contractor  
 Other: \_\_\_\_\_
21. Are certificates of insurance obtained from contractors or subcontractors?  Yes  No
  - a. Is the applicant named as an additional insured on the subcontractor's policy?  Yes  No

b. Minimum limits required for a subcontractor's policy: \_\_\_\_\_  
22. Estimated cost for renovation/construction operations: \_\_\_\_\_  
During next twelve (12) months \$ \_\_\_\_\_ For entire project \$ \_\_\_\_\_

**LAND LEASED TO OTHERS**

If not applicable please check here:

Tenant's use of the land:

- Camping                       Dirt Biking                       Fishing                       Hiking                       Landfill                       Quarry
- Cross Country Skiing                       Farming                       Grazing                       Hunting                       Parking                       Strip Mining
- Other: \_\_\_\_\_

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

**APPLICANT'S WARRANTY STATEMENT**

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENT**

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

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.**

Signature of Retail Agent \_\_\_\_\_ Date: \_\_\_\_\_