



CONTRACT DIVISION - LANDOWNERS and REAL ESTATE DEVELOPMENT - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable check boxes below

General Agent:

Date:

Insured:

Insured Mailing Address:

Insured's Web Address:

Insured Contact Name:

Phone Number:

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
'Missouri Applicants - Do not answer this question)

Applicant in receivership

Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

CONTRACTS

Written contracts are always used with third parties. If not, explain:

LOSS HISTORY / EVICTIONS / VIOLATIONS

Three years of loss history information on ACORD application or attached to this application

EXPOSURES / OPERATIONS / CONTROLS

Final use will be residential

Final use will be commercial

Final use will be industrial

Insured is acting as their own general contractor

Insured is using a licensed general contractor that is insured elsewhere and provides additional insured status to applicant

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SUBCONTRACTORS

- Uninsured subcontractors are not acceptable.
- **Describe type of work performed by subcontractors:**

- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Hold Harmless and Indemnification Agreements – Required from subcontractors
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own
 - Workers Compensation (if applicable) – Subcontractors required to have their own WC

EMPLOYEES

- Total Number of Employees (include leased employees): _____

PROJECT COST

Estimated project cost: \$ _____

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 and U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold-U777A
- Signs (Outdoor) 0 Co1449
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

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.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE