



LANDOWNER'S SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Land Use and Acreage:

Indicate the total acreage applicable to the land in the applicable column and row.

Location No.	Vacant Land # of Acres	Land Leased to Others # of Acres
1		
2		
3		

- 1) What was the prior use of the land? _____
- 2) Any underground fuel tanks on the property? Yes No
- 3) Any dams on the property? Yes No
- 4) Are there any buildings or equipment on the property? Yes No
 If yes, please describe: _____
- 5) Any lakes or bodies of water on the land? Yes No If yes, number of acres: _____
 Any public access?

Land Leased to Others:

- 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 Skiing |
| <input type="checkbox"/> Logging | <input type="checkbox"/> Land Fill | <input type="checkbox"/> Dirt Biking | <input type="checkbox"/> Snowmobiling | |
- Other (describe): _____

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

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Date: _____ Signature: _____ Date: _____