

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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## LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

### 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			

What was the prior use of the land? \_\_\_\_\_

Is the land zoned for residential use?..... ☐ Yes ☐ No

Was land ever used as a land fill?..... ☐ Yes ☐ No

Any underground fuel tanks on the property?..... ☐ Yes ☐ No

Any below ground mines on the property?..... ☐ Yes ☐ No

If yes: ..... ☐ Sealed ☐ Not Sealed

Any dams on the property? ..... ☐ Yes ☐ No

If yes, complete Dam Questionnaire, GLS-113.

Any lakes on the property?..... ☐ Yes ☐ No

If yes, number of acres: \_\_\_\_\_

Any oil or gas wells?..... ☐ Yes ☐ No

Are there any buildings or equipment on the property?..... ☐ Yes ☐ No

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?..... ☐ Yes ☐ No

☐ Commercial

☐ Other: \_\_\_\_\_

Describe the work to be done: \_\_\_\_\_

Has site preparation work been completed?.....☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

Expected start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Who is performing the work? ☐ Licensed contractor ☐ Applicant acting as general contractor  
☐ Other: \_\_\_\_\_

Are certificates of insurance obtained from contractors or subcontractors?.....☐ Yes ☐ No

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

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 includes a hold-harmless clause in favor of the applicant?.....☐ Yes ☐ No

(2) Is applicant named as an additional insured on the subcontractor's policy? .....☐ Yes ☐ No

(3) Minimum limits required for a subcontractor's policy: \_\_\_\_\_

### 3. Land Leased to Others:

Tenant's use of the land: ☐ Farming ☐ Grazing ☐ Parking ☐ Quarry ☐ Strip Mining  
☐ Hunting ☐ Camping ☐ Fishing ☐ Hiking ☐ Cross Country Skiing  
☐ Logging ☐ Land Fill ☐ Dirt Biking ☐ Snowmobiling ☐ Motorized Vehicles or Bikes  
☐ Other (describe): \_\_\_\_\_

Is the tenant insured? .....☐ Yes ☐ No

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

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

If yes, explain and advise where insured : \_\_\_\_\_

### APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_