



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**LANDOWNER'S PROGRAM 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			

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

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: \_\_\_\_\_

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



**Western Heritage**  
Insurance Company

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. Land Leased to Others:**

- |                           |  |                                    |                                      |                                       |   |
|---------------------------|--|------------------------------------|--------------------------------------|---------------------------------------|---|
| Tenant's 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 |   |
|                           | <input type="checkbox"/> Other (describe): _____ |                                    |                                      |                                       |   |

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

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

**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.)*