

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Real Estate Development Property Supplemental Application

Landowner or Builder/Developer Interest

Complete a Supplement for Each Project Or Location



Supplemental Application must accompany fully completed ACORD application or its equivalent.
 Builder/Developer interest must include fully completed **Contractor Supplemental Application** or its equivalent
 All questions must be answered in full. All Applications must be signed and dated by the applicant.

Applicant's Name And Mailing Address	Agent / Producer Information
_____ _____ _____ _____ Business Name or Trading Name: _____ _____ Proposed Policy Period: _____ to: _____	_____ _____ _____ Applicant's Phone Number: _____ Applicant's Web Address: _____ Inspection Contact: _____ Contact Phone Number: _____
Applicant is: <input type="checkbox"/> Individual (Include Date of Birth): _____ <input type="checkbox"/> Partnership (include Dates of Birth): _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture or <input type="checkbox"/> Other _____	
Years in business: _____ Years of Experience in this field: _____	

PROJECT INTEREST:

1. What is your interest in the Project?
 - Landowner only
 - All work performed by a licensed insured General Contractor
 - Landowner acting as the builder/developer
 - Work performed by self or employees – may include work subcontracted to others:*
 - Landowner acting as a General Contractor
 - Selects, hires, supervises or contracts all construction operations to others*

* Request and include a fully completed Contractor Supplemental Application (S319) or its equivalent

PROJECT DESCRIPTION

** GENERAL OPERATIONS - EXPLAIN ALL "YES" RESPONSES AND PROVIDE INFORMATION WHERE REQUIRED

1. Provide a general description of the land including plans for development:

2. Total Estimated Project Cost (including all contractor and subcontractor cost): \$ _____
3. Completed Project intended use: _____
 - Commercial: # of Buildings: _____ Total Square footage all buildings: _____ Number of Stories: _____
 - Industrial: # of Buildings: _____ Total Square footage all buildings: _____ Number of Stories: _____
 - Residential: # of Buildings: _____ Total Number of Units including all Buildings or Phases of development: _____

PROJECT DESCRIPTION (Continued)

**Provide detailed description of YES ANSWERS in the NOTES section below

4. Complete for each insured location:
 Location # _____ Total number of acres: _____ Number of acres in active development: _____
 For any land not in active development identify how the property is physically separated from active development:
 Fence Stream Wall
 Tree line Street or Road Other: _____
5. Will any operations include conversion of apartments to condominiums or townhouses? Yes No
6. Will construction include multi-level underground basements or below grade parking levels? Yes No
7. Will construction require work within 50 feet adjacent to, or abutting any existing structure? Yes No
 If **Yes**, will any of the following operations be necessary during construction; or: N/A
 Shoring or underpinning Tunneling
 Pile driving Reinforcement of foundations of adjacent structures
8. What was the prior use of the property? _____
9. Was the property ever used as a landfill? Yes No Unknown
10. Was the property designated as a Brownfield Site? Yes No Unknown
 A brownfield is a term used in urban planning to describe land previously occupied by a commercial or industrial operation that may have exposure to harmful chemicals or hazardous materials which has contaminated or potentially contaminated the land. Once fully remediated the brownfield has been cleared for commercial development.
11. Were, or are any of the following exposures present on the property: – Check all that apply or: N/A
 Buildings vacant occupied pending demolition Streets or Roads
 Dam Age: _____ Height: _____ Construction: _____ Underground fuel tanks
 Lake or other body of water – Total Acres: _____ Underground mines
 Oil or Gas wells operating non-operating Utilities
12. Will demolition operations require use of explosives? Yes No N/A
13. Will construction operations require the use of helicopters or other aircraft? Yes No
14. Will any geotechnical engineering services for soil stability be completed by a third party? Yes No
 If **No**, explain in the Notes section below

INSURANCE REQUIREMENTS

1. Do you require a fully executed signed and dated Contract between all Contractors and Subcontractors? Yes No
 If **Yes**, does the Contract include the following? Check all that apply, or: N/A
 Additional Insured – Owners, Lessees Or Contractors – Completed Operations (Edition _____)
 Primary and Noncontributory
 Waiver of Transfer of Rights of Recovery (Subrogation)
 Indemnity / Hold harmless agreement in favor of the Owner
 Owners Contractor Protective Liability Insurance
2. Identify and indicate Minimum limits of Insurance required of all contractors, subcontractors or sub-subcontractors, or:.... N/A
 General Liability Insurance \$ _____ Commercial/Personal Automobile \$ _____
 Workers Compensation \$ _____ Owners, Contractors Protective \$ _____

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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 is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 is guilty of a crime and may be subject to civil fines and criminal penalties.

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.

Ohio

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

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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