

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

A. Land Use and Acreage:

1. 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			

2. What was the prior use of the land? _____

3. Is land zoned for residential use? Yes No

4. Was land ever used as a landfill?..... Yes No

5. Is land a hunting preserve? Yes No

6. Is land used for snowmobiling or motorized vehicles and bikes? Yes No

7. Are there logging or lumbering operations on owned or leased land? Yes No

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

9. Any below ground mines on the property?..... Yes No
 If yes:..... Sealed Not Sealed

10. Any water wells on the property? Yes No
 If yes:..... Sealed Not Sealed
 If yes, describe: _____

11. Any oil or gas wells on the property? Yes No
 If yes:..... Sealed Not Sealed

12. Are there any buildings or equipment on the property? Yes No
 If yes, describe: _____
13. Any dams on the property? Yes No
 If yes, complete Dam Questionnaire, GLS-113.
14. Any lakes on the property? Yes No
 If yes, number of acres: _____
15. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

B. Real Estate Development Property:

1. Nature of planned development:

- Residential:
 Total number of planned homes and/or home sites: _____
 Townhomes or Condominiums? Yes No
- Commercial
- Other: _____

2. Describe the work to be done: _____

3. Has site preparation work been completed? Yes No
 If yes, by whom? _____

4. Expected start date: _____ **Expected completion date:** _____

5. Who is performing the work? Licensed contractor Applicant acting as general contractor
 Other: _____

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

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

8. Estimated cost for renovation/construction operations:
 During next twelve (12) months \$ _____ For entire project \$ _____

9. If applicant is acting as the general contractor:

- (a) Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? Yes No
- (b) Is applicant named as an additional insured on the subcontractor's policy? Yes No
- (c) Minimum limits required for a subcontractor's policy: _____

C. Land Leased to Others – Tenant's Use of the Land:

- Camping Dirt Biking Fishing Hiking Landfill Quarry
 Cross Country Skiing Farming Grazing Hunting Parking Strip Mining
 Other (describe): _____

1. Is the tenant insured? Yes No

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

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (Applicable in Tennessee, Virginia and 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____