



COLONIAL GENERAL INSURANCE AGENCY, INC.

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Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

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 landfill? 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 water wells on the property? Yes No

If yes, please advise details: _____

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 twelve (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:

- Camping Farming Hiking Logging/Lumbering Quarry
- Cross Country Skiing Fishing Hunting Motorized Vehicles or Bikes Snowmobiling
- Dirt Biking Grazing Landfill Parking Strip Mining

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: _____

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.

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 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____