



Supplemental Application for Vacant Land

Lead Named Insured: _____

List Fee/Deed Owner, Location Address and Number of Acres for each Parcel:

Parcel 1. _____
Of Acres _____

Parcel 2. _____
Of Acres _____

Parcel 3. _____
Of Acres _____

Is any development planned for the next 12 months? Yes No

If yes, describe. If no, what are the plans for this land?

Parcel 1. _____

Parcel 2. _____

Parcel 3. _____

Has any Insured on the schedule developed any land over the past 12 months? Yes No

If yes, describe

Parcel 1. _____

Parcel 2. _____

Parcel 3. _____

Is this land ever leased out to a third party? Yes No

If yes, describe exposure/operation.

Parcel 1. _____

Parcel 2. _____

Parcel 3. _____

If yes, are we covered under Lessee's General Liability policy as an Additional Insured? Yes No

Parcel 1. _____

Parcel 2. _____

Parcel 3. _____

Confirm: Land Posted: No Trespassing Confirmed: Yes No

Confirm: No Hunting, Motorbikes, Horse Trails Confirmed: Yes No

Confirm: No Parking, Storage Confirmed: Yes No

Confirm: No Other Activities Confirmed: Yes No

All Land Parcels within city limits must be fenced. Confirmed: Yes No N/A

Named Insured Signature Line: Print Name

Signature With Title

Date