

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**LANDOWNERS PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**A. Land Use and Acreage:**

**1. Indicate location address and total acreage in applicable column:**

Loc. No.	Location Address	Vacant Land (acreage)	Real Estate Development Property (acreage)	Land Leased to Others (acreage)
1				
2				
3				

**2. What was the prior use of the land?** \_\_\_\_\_

**3. Is applicant involved in or exposed to any hydraulic fracturing or hydrofracking operations?** ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**4. Is land zoned for residential use?**..... ☐ Yes ☐ No

**5. Was land ever used as a landfill?** ..... ☐ Yes ☐ No

**6. Is land an EPA Superfund site?** ..... ☐ Yes ☐ No

**7. Is land a hunting preserve?** ..... ☐ Yes ☐ No

**8. Is land used for snowmobiling or motorized vehicles and bikes?** ..... ☐ Yes ☐ No

**9. Are there logging or lumbering operations on owned or leased land?** ..... ☐ Yes ☐ No

**10. Any underground fuel tanks on the property?**..... ☐ Yes ☐ No

11. **Any below ground mines on the property?**..... ☐ Yes ☐ No  
If yes: ☐ Sealed ☐ Not Sealed
12. **Any water wells on the property?** ..... ☐ Yes ☐ No  
If yes: ☐ Sealed ☐ Not Sealed  
Describe: \_\_\_\_\_
13. **Any oil or gas wells on the property?**..... ☐ Yes ☐ No  
If yes: ☐ Sealed ☐ Not Sealed
14. **Are there any buildings or equipment on the property?**..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
15. **Any dams on the property?** ..... ☐ Yes ☐ No  
If yes, complete Dam Questionnaire, GLS-113.
16. **Any lakes on the property?**..... ☐ Yes ☐ No  
If yes, number of acres: \_\_\_\_\_
17. **Does applicant have other business ventures for which coverage is not requested?** ..... ☐ Yes ☐ No  
If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_
18. **Is the named insured a developer?** ..... ☐ Yes ☐ No
19. **Does any controlled burn exposure exist?** ..... ☐ Yes ☐ No

**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. Estimated cost for renovation/construction operations:**

During next twelve (12) months:.....\$ \_\_\_\_\_

For entire project: .....\$ \_\_\_\_\_

**6. Who is performing the work?** ☐ Licensed contractor ☐ Applicant acting as general contractor

☐ Other: \_\_\_\_\_

If licensed contractor, provide name and address: \_\_\_\_\_  
\_\_\_\_\_

**7. Are certificates of insurance obtained from the contractor or subcontractors?**..... ☐ Yes ☐ No

(a) Does applicant obtain a written contract from the contractor or subcontractors which includes a hold-harmless clause in favor of the applicant?..... ☐ Yes ☐ No

(b) Is applicant named as an additional insured on the contractors or subcontractors policy? ..... ☐ Yes ☐ No

(c) Minimum limits required for a subcontractor's policy: \_\_\_\_\_

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

- |  |                                      |                                  |                                  |                                   |                                       |
|--|--------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Camping                 | <input type="checkbox"/> Dirt Biking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Hiking  | <input type="checkbox"/> Landfill | <input type="checkbox"/> Quarry       |
| <input type="checkbox"/> Cross Country Skiing    | <input type="checkbox"/> Farming     | <input type="checkbox"/> Grazing | <input type="checkbox"/> Hunting | <input type="checkbox"/> Parking  | <input type="checkbox"/> Strip Mining |
| <input type="checkbox"/> Other (describe): _____ |                                      |                                  |                                  |                                   |                                       |

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

2. Does applicant obtain evidence of insurance from the tenant naming the applicant 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 AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

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

**NOTICE TO CALIFORNIA APPLICANTS.** 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.

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** 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.

**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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** 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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_