

MUSIC Landowner's Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

Years of Experience _____ years

The Applicant is:

 Corporation

 Partnership

Years doing business under current name _____ years

 LLC

 Joint Partnership

 Individual

 Estate

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Locations

	Address	City	State	Zip Code
Location 1				
Location 2				
Location 3				
Location 4				

Please indicate number of acres

Real Estate Development Property _____ Acres

Vacant Land _____ Acres

Land Leased to Others _____ Acres

Other _____ Acres

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If other, please explain: _____

What is on and around the land? _____

How is the land secured? _____

Are there any buildings or structure on the land? Yes No

If yes, please explain: _____

Was land ever used as a land fill? Yes No

Are there any underground fuel tanks on the property? Yes No

Are there any dams or reservoirs on the property? Yes No

Are there any hunting exposures on the property? Yes No

Are there any gas or oil wells on the property? Yes No

Are there any below grade mines on the property? Yes No

If yes, are they sealed? Yes No

Are there any lake, reservoirs, or rivers on the property? Yes No

If yes, indicate the number of acres: _____ Acres

Is there any planned real estate development? Yes No

Please indicate the nature of the development:

Residential Homes Residential Condos/Towhomes Commercial Industrial

If building Residential Homes, please indicate the number of homes you intend to build: _____ Homes

Has the site work been completed? Yes No

Please indicate who will be performing the construction work:

Licensed Contractor Applicant acting as General Contractor Other

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

Is a contract with a hold-harmless clause in favor of applicant obtained from Contractor? Yes No

Land Leased to others (please indicate the tenants use of the land, select all applicable)

Farming Grazing Parking Quarry Strip Mining

Hunting X-Country Skiing Fishing Snowmobiling 4-wheeling

Logging Camping Dirt Biking Hiking Motorcycling

ATV Riding Land Fill Tubing Sledding Other

If other, please explain: _____

Is the tenant insured and naming applicant of their policy? Yes No

How would you describe the flow of people on the land, by any means, including but not limited to cars, foot traffic, parking, etc:

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Low

Moderate

High

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Account Construction/Land Sales Revenue Projections (if applicable)

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____ Date _____