

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)

The Applicant is:

Years of Experience _____ years

☐ 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)

- | | | | | |
|-------------------------------------|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Farming | <input type="checkbox"/> Grazing | <input type="checkbox"/> Parking | <input type="checkbox"/> Quarry | <input type="checkbox"/> Strip Mining |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> X-Country Skiing | <input type="checkbox"/> Fishing | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> 4-wheeling |
| <input type="checkbox"/> Logging | <input type="checkbox"/> Camping | <input type="checkbox"/> Dirt Biking | <input type="checkbox"/> Hiking | <input type="checkbox"/> Motorcycling |
| <input type="checkbox"/> ATV Riding | <input type="checkbox"/> Land Fill | <input type="checkbox"/> Tubing | <input type="checkbox"/> Sledding | <input type="checkbox"/> 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 _____