



**VACANT LAND OR
LAND LEASED TO OTHERS SUPPLEMENT**
(Must be completed with a General Liability application)

Named Insured _____

1. (Check One): Vacant Land Land Leased to Others
2. If the land is leased to others, is evidence of insurance required and is the owner listed as an additional insured on the tenant's policy? Yes No (Describe) _____
3. Total Acres _____
4. What are plans for land and what time frame? _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Has land ever been used for any purpose?
If yes, describe those operations and give period of time. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any public access to land?
If yes, give details. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is land fenced?
Posted "No Trespassing"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any water exposures on land such as ponds, lakes, streams, etc.?
a. If yes, describe. _____
b. Total acres of lake _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any recreational use of land or lakes (hunting, biking, motorcycles, fishing, equestrian, etc.)?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any pollution problems now or in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Any landfill or dumpsite exposures currently or in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any farming or ranching operations?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any buildings, other structures, equipment, vehicles or other apparatus on land?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. a. Has the land been cleared or graded?
b. Is grading planned? When? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. a. Has the land been subdivided?
b. Is subdividing planned? When? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. a. Any utilities, streets or roads in?
b. Any planned? When? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. a. Any other development?
b. Any planned? When? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the land zoned for: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential | | |