



**Real Estate Development Supplement Application
Land Development & Construction of New Buildings
(to be attached to an Acord 125 and 126)**

Coverage desired: OCP_____ CGL_____

Named Insured:_____

Location of Project:_____

Development experience of Insured:_____

Any prior losses developing other properties?_____

The insured is: Land Owner____ Building Owner _____
Developer_____ Other_____

What does this project consist of? _____

Acreage?_____ Any lakes or ponds?_____ Size_____

Is the land being subdivided?_____ If yes, how many lots?_____

What will be built on the land?_____

Describe structures currently on the land:_____

Will they be demolished?_____ If yes, by whom?_____

Will the Insured be involved in the construction of any buildings?_____

If yes, number and type of buildings:_____

Number of stories:_____ Square foot area?_____

Any swimming pools being installed?_____ If yes, how many?_____

How long will the project take?_____ When will it begin?_____

If the project is already under construction, what work has been completed? _____

What remains to be done? _____

What is the estimated total cost of this project? _____

If the work will extend over 12 months, what is the expected costs to be incurred during the **first** 12 months? _____

Receipts to be generated by this project: _____

If the Insured is the General Contractor, what percentage of the work will be subcontracted? _____

If the Insured is hiring a GC for all construction, who is it? _____

A copy of the general contractor's insurance certificate, naming the Insured as an Additional Insured must be furnished. No application will be quoted without a copy of the certificate, and all terms, conditions, carriers, and dates must be satisfactory. GC's with limits less than being requested by the Insured will not be acceptable.

All premiums are 100% earned minimums.

Additional information: _____

Insured's signature: _____

Date: _____

Producer's signature: _____

Date: _____