



**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: \_\_\_\_\_