Atlantic Casualty Insurance Company

LANDOWNER/REAL ESTATE DEVELOPMENT SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD Applications)

Name of Applicant: ____________________________________________________________
Web site Address: ____________________________________________________________

1. Land Use and Acreage:
Indicate the total acreage applicable to the land in the applicable column and row.

<table>
<thead>
<tr>
<th>Loc. No.</th>
<th>Vacant Land</th>
<th>Real Estate Development Property</th>
<th>Land Leased to Others</th>
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What was the prior use of the land? ____________________________________________
Is the land zoned for residential use? .......................................................... Yes No
Was land ever used as a land fill? ................................................................. Yes No
Any underground fuel tanks on the property? .................................................. Yes No
Any below ground mines on the property? ....................................................... Yes No
   If yes: .................................................................................................................. Sealed Not Sealed
Any dams on the property? .................................................................................. Yes No
Any lakes or other water exposures on the property? ......................................... Yes No
   If yes, number of acres: ____________________________________________________
Any oil or gas wells? ............................................................................................ Yes No
Are there any buildings or equipment on the property? ..................................... Yes No
   If yes, describe: ___________________________________________________________________

Any ATV, Motorcycle or Horseback Riding Trails? ............................................... Yes No
Any Hunting Permitted on the land? ..................................................................... Yes No

2. Real Estate Development Property:
Nature of planned development:
   □ Residential:
   Total number of planned home sites? ________________________________________
   Townhomes or Condominiums? ......................................................................... Yes No
   □ Commercial
   □ Other: ___________________________________________________________________

Describe the work to be done by the insured: _________________________________
Has site preparation work been completed? ...................................................... Yes No
   If yes, by whom? __________________________________________________________
Expected start date: ________________________________________________________
Expected completion date: __________________________________________________
Who is performing the work? □ Licensed contractor □ Applicant acting as general contractor
   □ Other: ___________________________________________________________________
Are certificates of insurance obtained from contractors or subcontractors? ........................................... □ Yes □ No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? .............................................................................................................................................................................................. □ Yes □ No

Estimated sub costs for site preparation:

- During next 12 months $ ........................................... For entire project $ ...........................................

If applicant is acting as the general contractor for the site preparation:

1. Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? .............................................................................................................................................................................................. □ Yes □ No

2. Is applicant named as an additional insured on the subcontractor’s policy? .............................................................................................................................................................................................. □ Yes □ No

3. Minimum limits required for a subcontractor’s policy: ..............................................................................................................................................................................................

Will applicant be selling completed lots to: □ One builder □ Individuals □ Multiple builders

Will applicant be involved with building, subbing out the building or selling the completed structures?........ □ Yes □ No

If yes, please describe:

Will there be any Model Homes?........ □ Yes □ No. If yes, how many will be built?

Will any work be performed in the states of Nevada, California or South Carolina? □ Yes □ No

3. Land Leased to Others:

Tenant’s use of the land:

- Farming □ Grazing □ Parking □ Quarry □ Strip Mining
- Hunting □ Camping □ Fishing □ Hiking □ Cross Country Skiing
- Logging □ Land Fill □ Dirt Biking □ Snowmobiling □ Motorized Vehicles or Bikes
- Other (describe): ..............................................................................................................................................................................................

Is the tenant insured?.............................................................................................................................................................................................. □ Yes □ No

Is applicant named as an additional insured on the tenant’s policy? .............................................................................................................................................................................................. □ Yes □ No

4. Does applicant have other business ventures for which coverage is not requested? ................. □ Yes □ No

If yes, explain and advise where insured: ..............................................................................................................................................................................................

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER’S SIGNATURE: __________________________________________ DATE: ______________________

APPLICANT’S SIGNATURE: __________________________________________ DATE: ______________________

AGENT NAME: __________________________________________