

- EFFECTIVE DATES: (Please check desired effective date).**

Landowner's Name _____
Mailing Address _____
City, State & Zip _____
Phone Number's (Home) _____ (Work) _____ (Mobile) _____
E-Mail Address _____
of Acres _____ Location of Property _____

Do you need to cover this landowner as an Additional Insured? ☐ Yes ☐ No

Landowner's Name _____
Mailing Address _____
City, State & Zip _____
Phone Number's (Home) _____ (Work) _____ (Mobile) _____
E-Mail Address _____
of Acres _____ Location of Property _____

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Do you need to cover this landowner as an Additional Insured? ☐ Yes ☐ No