SCOTTSDALE INSURANCE COMPANY®
Home Office: One Nationwide Plaza • Columbus, OH 43215
Adm. Office: 8877 N. Gainey Ctr. Dr. • Scottsdale, AZ 85258
1-800-423-7675 • Fax (480) 483-6752

NOTICE TO AGENT
BILLING INSTRUCTIONS
Indicate below how you wish Renewals to be billed
☐ Insured ☐ Mortgage Co. ☐ Agent

Dwelling & Habitational Fire Application

Applicant's Name _____
Mailing Address _____
_____

Agent Name _____
Address _____
_____

PROPOSED EFFECTIVE DATE: FROM: _____ **TO:** _____
12:01 A.M., Standard Time at the address of the Applicant

COVERAGE INFORMATION

Perils to be Insured: ☐ **DP-1** ☐ **DP-3** **(Texas only)** ☐ **TDP-1** ☐ **TDP-2** ☐ **TDP-3**

☐ Fire ☐ E.C ☐ VMM ☐ Premises Liability ☐ Personal Liability

☐ Residence Burglary Deductible: $_____

Territory: _____ County: _____

Wind Excluded?..... ☐ Yes ☐ No Wind Deductible: $_____

Mortgagee: _____

Address: _____ Loan No.: _____

Dwelling #1 Limits:

$ _____ a. ☐ Masonry ☐ Frame ☐ EIFS
☐ Log—Hand hewn
☐ Log—Milled ☐ Log _____

b. ☐ 1 family ☐ 2 family
☐ 3 family ☐ 4 family

c. ☐ Owner ☐ Tenant ☐ Renovation

d. ☐ Vacant ☐ Builders Risk
☐ Seasonal ☐ Short-Term Rental

e. Located at: _____
_____
_____

$ _____ Other Structures—describe: _____
_____

$ _____ On contents in the above dwelling
$ _____ Residence Burglary
$ _____ Additional Living Expense/Loss of Use
$ _____ Premises Liability/Personal Liability
$ _____ Medical Payments

Dwelling #2 Limits:

$ _____ a. ☐ Masonry ☐ Frame ☐ EIFS
☐ Log—Hog hewn
☐ Log—Milled ☐ Log _____

b. ☐ 1 family ☐ 2 family
☐ 3 family ☐ 4 family

c. ☐ Owner ☐ Tenant ☐ Renovation

d. ☐ Vacant ☐ Builders Risk
☐ Seasonal ☐ Short-Term Rental

e. Located at: _____
_____
_____

$ _____ Other Structures—describe: _____
_____

$ _____ On contents in the above dwelling
$ _____ Residence Burglary
$ _____ Additional Living Expense/Loss of Use
$ _____ Premises Liability/Personal Liability
$ _____ Medical Payments

PROPERTY INFORMATION

1. **If vacant, how long has dwelling been vacant?** _____

2. **If seasonal or short-term rental, is there a caretaker or property manager?** ..... ☐ Yes ☐ No

3. **If vacant, seasonal or short-term rental, how often is dwelling checked on?** _____

4. **Was dwelling inspected by agent?** ..... ☐ Yes ☐ No
   Comments: _____

5. **Does agent recommend risk?** ..... ☐ Yes ☐ No
   Comments: _____

6. **Is there a swimming pool?** ..... ☐ Yes ☐ No
   If yes:
   Fenced? ..... ☐ Yes ☐ No
   Locking Gate? ..... ☐ Yes ☐ No

7. **Year of Construction:** _____ **Square Feet:** _____ Cost per square foot: $_____
   Year of building updates in:
   - ☐ **Wiring:** Year _____ ..... ☐ Full ☐ Partial Type: ☐ Knob & Tub ☐ Fuses ☐ Circuit Breakers
   - ☐ **Roofing:** Year _____ ..... ☐ Full ☐ Partial Type: _____
   - ☐ **Plumbing:** Year _____ ..... ☐ Full ☐ Partial
   - ☐ **Heating & Air Conditioning:** Year _____ ..... ☐ Full ☐ Partial
   - ☐ **Hurricane Straps:** ..... ☐ Yes ☐ No (Applicable in Florida only)

   Physical condition of buildings: _____

8. **Fire Protection Class:** _____ **Fire District:** _____ **E.C. Class:** _____
   Distance from coastal water (Includes an ocean, gulf, bay or sound): _____
   Distance to hydrant: _____
   Distance to fire station (Indicate miles): _____

9. **Primary source of heat:** _____

10. **Is there a wood stove on premises?** ..... ☐ Yes ☐ No
    If wood burning stove, attach completed questionnaire and photo.

11. **Is dwelling under construction or being renovated?** ..... ☐ Yes ☐ No
    If yes, name of licensed contractor: _____
    Number of years experience: _____ **Project completion date:** _____
    Extent of renovation: _____

12. **Applicant's occupation(s):** _____
    Applicant's phone number: _____

13. **Are any business pursuits conducted on the premises?** ..... ☐ Yes ☐ No
    If yes, describe: _____
    _____

14. **Any animals?** ..... ☐ Yes ☐ No
    If yes, any bite/aggressive behavior history? ..... ☐ Yes ☐ No
    If yes, describe: _____
    _____

15. Acreage? ..... ☐ Yes ☐ No

If yes, number of acres: _____ **Usage:** _____

16. Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? ..... ☐ Yes ☐ No

Comments: _____

_____

17. Previous insurance carrier: _____

Policy number: _____ **Expiration date:** _____

If no previous carrier, why (not applicable in Missouri or California)? _____

_____

18. Any losses at this location or any other location owned/rented within the last three years? ..... ☐ Yes ☐ No

If yes, provide details: _____

_____

19. Any bankruptcy or foreclosure proceedings filed? ..... ☐ Yes ☐ No

Reason: _____

_____

☐ Opened ☐ Closed Date Closed: _____

ATTACH PHOTO WITH COMPLETED APPLICATION.

NOTICES AND FRAUD WARNINGS

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)