

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**BAILEES CUSTOMERS APPLICATION**

1. Name of Applicant: \_\_\_\_\_
2. Website Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Proposed Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_
5. Applicant's Business: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_
6. Contact for Inspection:  
 Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. Have you declared bankruptcy or been in receivership within the past five years? .....  Yes  No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**GENERAL INFORMATION**

8. Complete type of work performed:

Indicate the percentage of principal work performed			
Dry Cleaning	%	Computer Repair	%
Laundry	%	Electronic Repair	%
Fur Storage	%	Television Repair	%
Appliance Repair	%	Other (Specify):	%

9. What is the average:  
 Service charge per order: ..... \$ \_\_\_\_\_  
 Number of days required to service: ..... \_\_\_\_\_  
 Value per order: ..... \$ \_\_\_\_\_  
 Number of working days: ..... \_\_\_\_\_

10. Indicate the age, type of construction and protection class of the premises: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROTECTION OF GOODS/PROPERTY**

11. What method do you use for keeping records of property in your care and how often are the records updated?

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- 12. Is guard service employed? .....  Yes  No
- 13. Are there safes or vaults on the premises?.....  Yes  No
- 14. Are recognized approved central station burglar alarms installed and maintained? .....  Yes  No
- 15. Are storage areas locked at all times when unoccupied?.....  Yes  No
- 16. Are there any hazardous or flammable materials used or stored on the premises? .....  Yes  No
- 17. Are security cameras and video recording equipment used to continually monitor the storage areas? ....  Yes  No
- 18. Regarding the premises:
  - a. What is the Public Protection Class (PPC) rating? \_\_\_\_\_
  - b. What is the distance in feet to the nearest fire hydrant? \_\_\_\_\_
  - c. What is the distance in miles to the nearest responding fire department? \_\_\_\_\_
  - d. Are no-smoking rules posted and enforced? .....  Yes  No
- 19. Are the premises or any portion of the premises equipped with a sprinkler system? .....  Yes  No
- 20. Are there fire doors and fire stops between the various storage areas within the premises? .....  Yes  No
- 21. Are the premises equipped with a recognized approved central station fire alarm system and fire extinguished? .....  Yes  No
- 22. Is any property stored in basements or subbasements? .....  Yes  No  
 If so, are these areas equipped with a water detection system, and is the property stored off the floor?  Yes  No

**LIMITS OF INSURANCE AND DEDUCTIBLE**

23. Property At Your Premises:

	Maximum Per Item	Policy Limit
Location 1	\$	\$
Location 2	\$	\$
Location 3	\$	\$
	<b>Total Policy Limit</b>	\$

24. Property Away From Your Premises

	Maximum Per Item	Policy Limit
Location 1	\$	\$
Location 2	\$	\$
Location 3	\$	\$
	<b>Total Policy Limit</b>	\$

- 25. Property In Transit .....\$ \_\_\_\_\_
- 26. Property In Storage At Your Premises.....\$ \_\_\_\_\_
- 27. All Covered Property In Any One Occurrence.....\$ \_\_\_\_\_
- 28. Deductibles.....\$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

- 29. List previous insurance carrier: \_\_\_\_\_  
\_\_\_\_\_
- 30. List the last three year losses: \_\_\_\_\_  
\_\_\_\_\_
- 31. List any additional information attached with the application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.



**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK OTHER THAN AUTOMOBILE 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 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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ AGENT'S LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida agents only)

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_

