

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

HABITATIONAL LIABILITY APPLICATION

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

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

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Inspection Contact: _____ **Phone No.:** _____

E-mail Address: _____

Is applicant a Real Estate or Property Management company? Yes No

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. How long has applicant been in business? _____ years

2. Property Locations:

Business Name (if applicable), Street Address, City, County, State and Zip Code:

Loc. No. 1: _____

Loc. No. 2: _____

Loc. No. 3: _____

Loc. No. 4: _____

Loc. No. 5: _____

3. Description of Locations:

* Use alpha code listed for type of occupancy:

A—Apartment Building

G—Time-share

M—Student Housing

B—Garden Apartments

H—Vacation Rentals

N—Dwelling/One Family

C—Apartment Hotel

I—Senior Housing

O—Dwelling/Two Family

D—Hostel

J—Assisted Living/Nursing/Convalescent

P—Dwelling/Three Family

E—Boarding or Rooming House

K—Fraternity/Sorority (Academic)

Q—Dwelling/Four Family

F—Mobile Home

L—Fraternity/Sorority (Non-academic)

R—Dwelling Owner Occupied

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Type of occupancy*:					
If mobile home, is it tied down?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of beds for Hostel, Boarding or Rooming House:					
Years owned:					
Year built:					
No. stories:					
No. units—total:					
No. units per fire division:					
No. buildings:					
Total square feet:					
Type of roof:					
Manager on premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Fire protection:					
Sprinklered:	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
Fire extinguishers:	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
How often checked?					
Smoke detectors in each unit:	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery				

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Maintenance:					
Janitorial operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor				
Lawn care operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor				
Upkeep of sidewalks/driveways:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor				
Snow/ice removal operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor				
Pool: (See Section 10.)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If occupancy is other than habitational, please describe the occupancy and square footage:					
Percent of university or college students as tenants:	%	%	%	%	%
Vacant? If yes, percent of vacancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No %				
Building(s) condemned or scheduled for demolition:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Conversion being done to or from condominiums and/or townhouses:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

4. Subcontracted Work Exposures:

Any new ground up constructions anticipated within the next twelve (12) months? If yes, cost of construction:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$				
Renovation anticipated within the next twelve (12) months? If yes, cost of renovation:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$				
Renovation going on currently? If yes, type of renovation: Cost of renovation:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$				
General contractor used? Subcontractors used? If yes, certificate of insurance on file? Limits required: The applicant named as additional Insured on their policy? Hold harmless agreement in favor of the applicant in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Updates:

Provide Year and Indicate Full or Partial Update Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Paint:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update				
Parking areas:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update				
Patio balconies/railings:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update				
Sidewalks:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update				

6. Other Exposures:

Number of: Baseball field(s) _____ Lakes/Ponds (acres) _____ Shuffleboard court(s) _____
Basketball court(s) _____ Parks (acres) _____ Spa/Hot tub(s) _____
Bathing Beaches _____ Playground(s) _____ Stables _____
Bicycle trails (miles) _____ Racquetball court(s) _____ Streets/Roads (miles) _____
Boat docks/slips _____ Saunas _____ Tennis court(s) _____
Clubhouse (sq. ft.) _____ Shooting Ranges _____ Volleyball court(s) _____
Other: _____

Are any of these exposures available to nonresidents for a fee? Yes No
If yes, annual receipts:\$ _____

7. Swimming Pool(s): Complete if applicable.

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of swimming/wading pools:					
Number of diving boards/platforms:					
Height of diving boards/platforms:					
Number of slides/rafts:					
Height of slides:					
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor				
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pool completely surrounded by building walls or fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Height of fence:					
Equipped with self-closing and self-latching gates/doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Lifeguards provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, by applicant or pool management company?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.				
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Depth of pool markings clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Warning signs and rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Life-safety equipment available at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

8. Security: (not required for dwellings)

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
How does management handle the monitoring of master keys?					
Are locks changed/re-keyed when residents vacate the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does management advise residents of all criminal activity that has taken place on the properties? If yes, how is this done?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this information provided to prospective renters if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is gated access provided? If yes, hours per day:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is entire complex gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does applicant monitor any alarms in resident units?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Are premises patrolled? Yes No

If yes, please answer the following questions:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards: Number of unarmed guards:					
Are guards employees of management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor				
If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Security twenty-four (24) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are guards responsible for residents' safety and/or complex/amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Do the residents' units contain any of the following?

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Call buttons:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Deadbolts:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Lock pins for windows and sliding glass doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Door viewer or peephole in front doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Window locks/bars:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

9. **Any prior losses due to mold?**..... Yes No
 If yes, has mold been completely remediated? Yes No

10. **During the past three years, has any company ever canceled, non-renewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri)..... Yes No
 If yes, explain: _____

11. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

12. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**..... Yes No
 If yes, describe: _____

13. Additional Insured Information:

Name	Address	Interest

14. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier:					
Policy Number:					
Coverage:					
Total Premium:	\$	\$	\$	\$	\$

15. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. **Check if no losses in the last five years**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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 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 STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S NAME AND TITLE: _____

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

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT (IF APPLICABLE): _____
(Applicable in Iowa only)

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

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.