

**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

**National Casualty Company**  
Home Office: Madison, Wisconsin  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

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www.scottsdaleins.com

### TRIP TRANSIT APPLICATION

1. Name of Applicant: \_\_\_\_\_
2. Web site 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."

### GENERAL INFORMATION

8. Describe the property being shipped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Regarding the goods being shipped:
  - a. What is the point of departure and the destination? \_\_\_\_\_
  - b. What is the distance the shipment will travel? \_\_\_\_\_
  - c. What is the time required to complete the shipment? \_\_\_\_\_
  - d. How are the goods protected from damage and theft? \_\_\_\_\_
  - e. Are containers used to reduce handling and pilferage losses? .....  Yes  No
10. Does carrier provide insurance coverage? .....  Yes  No
11. Are loaded vehicles parked unattended overnight? .....  Yes  No
12. Are the employees that pack, load and unload the shipments reliable and trained in the proper handling of the shipments? .....  Yes  No
13. What are the qualifications and experience of the carrier in handling the type of goods you will be shipping? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is any release of values/liability given to carriers? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUESTED LIMITS OF INSURANCE, DEDUCTIBLE**

15. Indicate the method of conveyance, limits of insurance and deductible:

Conveyance	Limits Of Insurance
<input type="checkbox"/> Railroad	\$
<input type="checkbox"/> Your vehicle	\$
<input type="checkbox"/> Contract Carriers	\$
<input type="checkbox"/> Common Carriers	\$
<input type="checkbox"/> Air Carriers	\$
<input type="checkbox"/> Messenger	\$
Deductible	\$

**ADDITIONAL INFORMATION**

16. Insurance carriers during the last three years: \_\_\_\_\_  
 \_\_\_\_\_

17. Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: \_\_\_\_\_  
 \_\_\_\_\_

18. List any additional information attached with the application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

**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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 knowingly and with intent to defraud any insurance company 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.

**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 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.

**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 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: \_\_\_\_\_