



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Dwelling Liability Application

PERSONAL LIABILITY

PREMISES LIABILITY

Applicant's Name _____

Mailing Address _____

Street Address _____

City _____

County _____ State _____ Zip Code _____

Agent Name _____

Agent Number _____

PROPOSED EFFECTIVE DATES:

From _____ To _____
12:01 A.M., Standard Time, at the address of the Applicant

LIMIT OF LIABILITY REQUESTED: \$ _____

Medical Payments \$ _____

LOCATION #1:

LOCATION #2:

Located at: _____

1 family Owner Vacant	2 family Tenant Seasonal	3 family Renovation Builder's Risk	4 family Renovation Builder's Risk
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Year of Construction: _____

Updated: Yes No

If Yes, confirm the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Additional Insured: _____

Address: _____

Type of Interest: _____

Located at: _____

1 family Owner Vacant	2 family Tenant Seasonal	3 family Renovation Builder's Risk	4 family Renovation Builder's Risk
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Year of Construction: _____

Updated: Yes No

If Yes, confirm the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Additional Insured: _____

Address: _____

Type of Interest: _____

Please answer all questions:

- Swimming pool? Yes No
Diving board or slide? Yes No
Fenced and self-locking gate? Yes No
- Any other water exposure; i.e., ponds, lakes, jacuzzi/hot tubs? Yes No

3. Dog on premises? Yes No
 Breed of dog(s): _____
4. Any other animals? Yes No
5. Smoke detectors? Yes No
6. Trampolines? Yes No
7. Trip and fall hazards? Yes No
8. Steps have secured handrails? Yes No
9. Day care on premises? Yes No
10. Number of children: _____
11. Any business on premises? Yes No
12. Applicant's occupation: _____
13. Any hobbies? Yes No
 If yes, what are they? _____
14. If under renovation or builder's risk, who is the contractor? (Provide certificate of insurance.) _____
15. Adjacent structures, other than a garage? Yes No
 If yes, what are they used for? _____
16. Acreage? Yes No
 If yes, what is it used for? _____
17. Any losses in the last five years? _____
18. Has any company cancelled, nonrenewed or refused coverage to the Applicant? Yes No
 (Not applicable to Missouri applicants.)
19. Explain all yes answers: _____

PRIOR CARRIER: _____ POLICY NUMBER: _____

Include photo of premises with application.

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.

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.

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.

APPLICANT'S SIGNATURE: _____ Date: _____

PRODUCER'S SIGNATURE: _____ Date: _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only.)

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.