



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

Homeowner Application

Applicant's Name: _____
Mailing Address: _____

Agent Name: _____
Address: _____
Agency Code: _____

PROPOSED EFFECTIVE DATES:

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

General Information:

Billing Method: [] Insured [] Mortgagee [] Agent
Type of Submission: [] New Business [] Renewal [] Rewrite Previous Policy No.: _____
Requested Coverages: [] HO-3 [] HO-4 [] HO-6 [] HO-8 [] HO-A (TX Only)
[] HO-B (TX Only) [] HO-BT (TX Only) [] HO-B-CON (TX Only)
Deductible: All Perils _____ Wind and Hail _____ Theft Deductible _____
Describe Location: [] Same as mailing address

Street _____
City _____ County _____ State _____ Zip _____

Underwriting Information:

Year Built _____
Square Footage _____
Number of Families _____
Number of Stories _____
Type of Roof _____
Territory Number _____
Protection Class _____
Miles from Fire Dept. _____
Feet from Hydrant _____
Fire District or Town _____

Construction:
[] Frame
[] Masonry
[] EIFS
[] Brick Veneer (TX only)
[] Mobile Home (TX only)
[] Other _____

Wood Stove? [] Yes [] No
If Yes, is this the Primary source of heat? [] Yes [] No
Submit two photos of wood stove along with wood stove questionnaire.

Rating Information:

Property Coverage:	Limits	Premiums
Dwelling	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____
Theft by Burglary (above \$5,000 where applicable)	\$ _____	\$ _____
Satellite/Antenna	\$ _____	\$ _____

Replacement Cost:

Dwelling Only	\$ _____	\$ _____
Dwelling & Contents	\$ _____	\$ _____
All Direct Causes of Loss (All Risk)	\$ _____	\$ _____

Liability Coverage:	Limits	Premiums
Personal Liability	\$ _____	\$ _____
Home Day Care	_____ /# of Children (Max of 5)	\$ _____
Medical Payments	\$ _____ /Per Person	\$ _____

In Home Business:

Business Property	\$ _____	\$ _____
Liability Aggregate (Policy Maximum)	\$ _____	\$ _____

Additional Charges/Credits:

Deductible Credits (not applicable to Liability)	\$ _____
Misc. Credit/Surcharges (wood stove, etc.)	\$ _____
State Tax (where applicable)	\$ _____
Policy Fee (if applicable)	\$ _____
Other Fees	\$ _____
Total Premium:	\$ _____

Additional Interests—Mortgagee/Loss Payees:

Interest #1:

Name: _____
Address: _____

Loan Number: _____
Type of Interest: _____

Interest #2:

Name: _____
Address: _____

Loan Number: _____
Type of Interest: _____

Miscellaneous Coverages (check box if applicable):

- | | | |
|--|---|---|
| <input type="checkbox"/> Mine Subsidence (where applicable) | <input type="checkbox"/> Exclude Wind | <input type="checkbox"/> Earthquake (if available)
Zone: _____ |
| <input type="checkbox"/> Tenant Relocation (MA only) | <input type="checkbox"/> Offshore Island | EQ Additional Living
Expense Limit: \$ _____ |
| <input type="checkbox"/> Claim free Renewal Credit (where applicable) | Wind/Hail Deductible:
Dollar Amount \$ _____ | EQ Contents Limits: \$ _____ |
| <input type="checkbox"/> Fire Alarm:
<input type="checkbox"/> Central <input type="checkbox"/> Local | Percent Amount _____% | EQ Deductible: \$ _____ |
| <input type="checkbox"/> Burglar Alarm:
<input type="checkbox"/> Central <input type="checkbox"/> Local | Distance to Coastal Waters:
Feet: _____ Miles: _____ | <input type="checkbox"/> Reconstruction Costs (CA only) |
| <input type="checkbox"/> Senior Citizen Credit (where applicable) | Zone: _____ | |
| Fire Station: _____ miles | <input type="checkbox"/> Workers Compensation (CA only) | |
| Fire District: _____ | Number of In-Servants: _____ | |
| Fire Hydrant: _____ feet | Number of Out-Servants: _____ | |

Previous/Current Carrier and Loss History Information:

Previous/Current Carrier: _____ Policy Number: _____ Expiration Date: _____

Any Previous/Current Carrier declined, canceled, or nonrenewed coverage within the last three years? Yes No

If Yes, give reason(s): _____

(not applicable in Missouri and California)

Any losses in the last three years? Yes No

If Yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved

Additional Information:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Any bankruptcy or foreclosure proceedings filed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason: _____ | | |
| Discharged? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is applicant delinquent on mortgage or tax payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming pool, hot tub or spa on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool fenced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic locking gate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Steps have secured handrails? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any lake, pond or dock on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Trampoline on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the dwelling set on land in excess of five acres? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any animals kept on premises? | <input type="checkbox"/> | <input type="checkbox"/> |

- If Yes, list all:
- Animal Breed: _____ Number: _____
- Bite History? Yes No
- Animal Breed: _____ Number: _____
- Bite History? Yes No

- Other: _____
- Any businesses on premises? Yes No
- Type of business (include Day Care): _____
- Other structures (garages, shed, etc.) on premises? Yes No
- If Yes, please list in comments.

- | | Yes | No |
|--|--|--|
| Electrical service on circuit breakers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is location primary residence of owner/ applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Modular or farm dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any existing fire, water or structural damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| Working smoke detectors on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Brush or landslide exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any dwelling or structure built on stilts? | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide year of building updates (if over 20 years): | | |
| Wiring: _____ | | |
| Plumbing: _____ | | |
| Roofing: _____ | | |
| Heating: _____ | | |
| <input type="checkbox"/> Partial <input type="checkbox"/> Full | <input type="checkbox"/> Partial <input type="checkbox"/> Full | <input type="checkbox"/> Partial <input type="checkbox"/> Full |
| <input type="checkbox"/> Partial <input type="checkbox"/> Full | <input type="checkbox"/> Partial <input type="checkbox"/> Full | <input type="checkbox"/> Partial <input type="checkbox"/> Full |
| Has property been seen by agent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date agent last inspected property: _____ | | |

- Please indicate the condition of the following as either good, fair, or poor:
- | | Good | Fair | Poor |
|---------------------|--------------------------|--------------------------|--------------------------|
| Dwelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outbuildings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Premises..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housekeeping..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Applicant Information:

Applicant's Social Security Number: _____

Co-Applicant's Social Security Number: _____

Applicant's Occupation: _____

Co-Applicant's Occupation: _____

Previous Address (if less than three years): _____
(Street, City, County, State, Zip)

Additional Comments:

Additional Requirements:

Photos of front and back of dwelling are **required**.

Submit additional photo of:

- Any wood/coal/pellet stove
- Day care facility and play area
- Fenced pool, hot tub or spa

Submit questionnaire form if:

- Wood/coal/pellet stove

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

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 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.)

Application must be fully completed, signed and have required photos attached.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only)