



National Casualty Company

Scottsdale Indemnity Company

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

PROTECTION CLASS 9 & 10 QUESTIONNAIRE

Named Insured: _____

Location Address: _____

1. Protection Class: _____

2. Central Station Fire and Burglar alarm system installed and monitored? Yes No

3. Name of responding Fire Department: _____

Paid Volunteer

Response Time: _____

Number of pumpers: _____

Number of tankers: _____

4. Are roads paved and accessible year-round? _____

5. Any physical barriers? _____

6. Is there a public hydrant within 1,000 feet from the dwelling? _____

If not, describe the water source: _____

Distance from dwelling: _____

Accessible by the Fire Department year-round? _____

7. Any full-time or live-in employees? Yes No

If yes, explain: _____

8. Is dwelling occupied year-round? Yes No

If no, explain when not occupied: _____

Comments: _____
