**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

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

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

**HABITATIONAL APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

PLEASE 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.:**

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. 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:**

**2. Description Of Locations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Years owned |  |  |  |  |  |
| Type of occupancy\* |  |  |  |  |  |
| Year built |  |  |  |  |  |
| No. Stories |  |  |  |  |  |
| No. Units—total |  |  |  |  |  |
| No. Buildings |  |  |  |  |  |
| Total square feet |  |  |  |  |  |
| Type of roof |  |  |  |  |  |
| Pool? (see Section **12.**) | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Manager on premises? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| If occupancy is other than habitational, please describe the occupancy and square footage. |  |  |  |  |  |
| Monthly rent per unit: |  |  |  |  |  |
| Apartments: 1 BR | $ | $ | $ | $ | $ |
| 2 BR | $ | $ | $ | $ | $ |
| 3 BR | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
| Dwellings: | $ | $ | $ | $ | $ |
| Percent of university or college students as tenants | % | % | % | % | % |
| Vacant? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Building(s) condemned or  scheduled for demolition? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Subcontracted work—Anticipated cost next  twelve (12) months | $ | $ | $ | $ | $ |

\*Use alpha code listed for type of occupancy: A—Apartment Building G—Dwelling/four family

B—Garden Apartments H—Boarding or Rooming House

C—Apartment Hotel I—Mobile Home

D—Dwelling/one family J—Time-share

E—Dwelling/two family K—Vacation Rentals

F—Dwelling/three family

**3.** **If occupancy is Mobile Home, are they tied down?**  Yes  No

**4.** **Are any of the properties operated as a hostel?**  Yes  No

If yes, number of beds:

**5. Are any of the properties fraternity or sorority houses?**  Yes  No

If yes, is fraternity or sorority academic?  Yes  No

**6.** **Are any of the properties assisted living facilities?**  Yes  No

**7. Are any of the properties nursing/convalescent homes?**  Yes  No

**8.** **Are any of the properties senior housing?**  Yes  No

**9. Is any dwelling location owner occupied?**  Yes  No

**10.** **Number of years in business?**

**11. Year Of Updates:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Year &  Indicate Full or Partial Update Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Heating | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Paint | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Parking areas | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Patio balconies/railings | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Plumbing | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Roof | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Sidewalks | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |
| Wiring & Electrical | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update | Year:        Full Update  Partial Update |

**12. Current Renovations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Cost of renovation | $ | $ | $ | $ | $ |
| Type of renovation |  |  |  |  |  |
| Certificates for subcontractors on file? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**13. Swimming Pool(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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? | Applicant  Contractor | Applicant  Contractor | Applicant  Contractor | Applicant  Contractor | Applicant  Contractor |
| If outside contractor, are certificates of insurance on file? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Pool completely surrounded by building walls or fence? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Height of fence |  |  |  |  |  |
| Equipped with self-closing and  self-latching gates/doors? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Lifeguards provided? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| If yes, by Applicant or Pool  Management Company? | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. |
| If outside contractor, are certificates of insurance on file? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Underwater lighting? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Steps into shallow end with handrails? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Ladder at deep end with handrails? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Depth of pool markings clearly visible? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Warning signs and rules posted? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Life-safety equipment available at poolside? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**14. Maintenance:**

**Who performs:**

Janitorial operations?  Contractor  Employee

Lawn care operations?  Contractor  Employee

Upkeep of sidewalks and driveways?  Contractor  Employee

Snow/ice removal operations?  Contractor  Employee

**For all operations performed by an outside contractor:**

Are certificates of insurance on file?  Yes  No

Is applicant named as additional insured on their policy?  Yes  No

**15. Fire Protection:**

**a. Sprinklered?**  Yes  No

If yes: All units?  Yes  No

Common areas?  Yes  No

**b. Smoke detectors in each unit?**  Yes  No

If yes:  Hard-wire  Battery

How often checked?

**c. Fire extinguishers?**  Yes  No

If yes: All units?  Yes  No

Common areas?  Yes  No

**d. Number of units per fire division:**

**16. Security:**

**Completion of Security Section not required for dwelling or boarding/rooming house occupancies.**

**a. Master keys and locks:**

**(1)** How does management handle the monitoring of master keys?

**(2)** Are locks changed/re-keyed when residents vacate the premises?  Yes  No

**b. Criminal incidents:**

**(1)** Does management advise residents of all criminal activity that has taken place on the   
properties?  Yes  No

If yes, how is this done?

**(2)** Is this information provided to prospective renters if requested?  Yes  No

**c. Do the residents’ doors or windows contain any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Deadbolts? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Lock pins for windows and sliding  glass doors? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Door Viewer or Peephole in front doors? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Window locks/bars? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**d. Is security provided?**  Yes  No

If yes, what type?  Gated access  Patrol  Security alarm systems

**(1) If gated, please answer the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Entire apartment complex gated? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Who is given access? |  |  |  |  |  |
| How is access obtained: guard at gate, card or security code? | Guard  Card  Code | Guard  Card  Code | Guard  Card  Code | Guard  Card  Code | Guard  Card  Code |
| If guard at gate, advise how many and if armed or unarmed. | No.         Armed  Unarmed | No.         Armed  Unarmed | No.         Armed  Unarmed | No.         Armed  Unarmed | No.         Armed  Unarmed |
| If gate is card or security code access, how often is maintenance done on the gate? |  |  |  |  |  |
| What procedure is in place if gate is not working? |  |  |  |  |  |

**(2) If patrol, 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? | Mgmt.  Contractor | Mgmt.  Contractor | Mgmt.  Contractor | Mgmt.  Contractor | Mgmt.  Contractor |
| If independent contractor, are  certificates of insurance required? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Is applicant named as additional insured on their policy? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Security twenty-four (24) hours? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Are guards responsible for  residents’ safety and/or  complex/amenities? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**(3) If security alarm systems are provided, please answer the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Alarm systems in every unit? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Residents shown how to operate the alarm systems? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Who monitors the alarms? |  |  |  |  |  |

**17. 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: $

**18. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri)  Yes  No

|  |
| --- |
| If yes, explain: |

**19. Any prior losses due to mold?**  Yes  No

If yes, has mold been completely remediated?  Yes  No

**20. 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: |

**21. Does applicant have other business ventures for which coverage is not requested?**  Yes  No

|  |
| --- |
| If yes, explain and advise where insured: |

**22. Any new ground up construction operations anticipated within the next twelve (12) months?**  Yes  No

|  |
| --- |
| If yes, describe: |

**23. Any construction or remodeling operations for conversion to or from condominiums and/or   
townhouses?**  Yes  No

**24.** **Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|  |  |  |
|  |  |  |
|  |  |  |

**25. Prior Carrier Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year: | Year: | Year: | Year: | Year: |
| Carrier |  |  |  |  |  |
| Policy Number |  |  |  |  |  |
| Coverage |  |  |  |  |  |
| Total Premium | $ | $ | $ | $ | $ |

**26. 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 AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 state-ments 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. | | |