



# 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: \_\_\_\_\_

### General Information:

Billing Method:  Insured  Mortgagee  Agent Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_  
(12:01 A.M. Standard Time at the Address of the Applicant)

Type of Submission:  New Business  Renewal  Rewrite Previous Policy Number: \_\_\_\_\_

Requested Coverages:  HO-1  HO-3  HO-4  HO-6  HO-8 (Not available in all states)

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  
 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	Liability Coverage:	Limits	Premiums
Dwelling	\$ _____	\$ _____	Personal Liability	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____	Home Day Care	\$ _____ /# of Children	\$ _____
Personal Property	\$ _____	\$ _____	Medical Payments	\$ _____ /Per Person	\$ _____
Loss of Use	\$ _____	\$ _____	<b>In Home Business:</b>		
Theft by Burglary (above \$5,000 where applicable)	\$ _____	\$ _____	Business Property	\$ _____	\$ _____
Satellite/Antenna	\$ _____	\$ _____	Liability Aggregate (Policy Maximum)	\$ _____	\$ _____

**Replacement Cost:**

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

**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):**

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

**Previous/Current Carrier and Loss History Information:**

Previous/Current Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 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:**

	<b>Yes</b>	<b>No</b>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Animal Breed: _____	Number: _____	
Bite History?	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		
Any businesses on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Type of business (include Day Care): _____		
Other structures (garages, shed, etc.) on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please list in comments.		

	<b>Yes</b>	<b>No</b>
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"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Full	<input type="checkbox"/> Full	<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:

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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:**

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**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.)**