

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

## NOTICE TO AGENT

### BILLING INSTRUCTIONS

Indicate below how you wish Renewals to be billed.

☐ Insured ☐ Mortgage Co. ☐ Agent

## Dwelling & Habitational Fire Application

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

### PROPOSED EFFECTIVE DATE:

From \_\_\_\_\_ To \_\_\_\_\_

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

### Perils to be Insured:

☐ Fire ☐ E.C ☐ VMM ☐ Premises Liability ☐ Personal Liability ☐ Residence Burglary Deductible: \$ \_\_\_\_\_

Territory: \_\_\_\_\_ County: \_\_\_\_\_ Wind Excluded: ☐ YES ☐ NO Wind Deductible: \$ \_\_\_\_\_

MORTGAGEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOAN NO.: \_\_\_\_\_

#### Dwelling #1 Limits:

- \$ \_\_\_\_\_
- a. ☐ Masonry ☐ Frame
- b. ☐ 1 family ☐ 2 family ☐ 3 family ☐ 4 family
- c. ☐ Owner ☐ Tenant ☐ Renovation
- d. ☐ Vacant ☐ Seasonal ☐ Builders Risk
- e. Located at: \_\_\_\_\_

\$ \_\_\_\_\_ On contents in the above dwelling

\$ \_\_\_\_\_ Premises Liability/Personal Liability

\$ \_\_\_\_\_ Medical Payments

\$ \_\_\_\_\_ Residence Burglary

\$ \_\_\_\_\_ Additional Living Expense/Loss of Use

\$ \_\_\_\_\_ Other Structures—describe: \_\_\_\_\_

#### Dwelling #2 Limits:

- \$ \_\_\_\_\_
- a. ☐ Masonry ☐ Frame
- b. ☐ 1 family ☐ 2 family ☐ 3 family ☐ 4 family
- c. ☐ Owner ☐ Tenant ☐ Renovation
- d. ☐ Vacant ☐ Seasonal ☐ Builders Risk
- e. Located at: \_\_\_\_\_

\$ \_\_\_\_\_ On contents in the above dwelling

\$ \_\_\_\_\_ Premises Liability/Personal Liability

\$ \_\_\_\_\_ Medical Payments

\$ \_\_\_\_\_ Residence Burglary

\$ \_\_\_\_\_ Additional Living Expense/Loss of Use

\$ \_\_\_\_\_ Other Structures—describe: \_\_\_\_\_

### UNDERWRITING QUESTIONNAIRE:

1. If vacant, how long has dwelling been vacant? \_\_\_\_\_

2. Did you inspect dwelling? ..... ☐ Yes ☐ No

Comments: \_\_\_\_\_

3. Do you recommend risk? ..... ☐ Yes ☐ No

Comments: \_\_\_\_\_

4. Swimming Pool? ..... ☐ Yes ☐ No  
Fenced? ..... ☐ Yes ☐ No  
Locking Gate? ..... ☐ Yes ☐ No
5. Year of Construction: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Updated: ..... ☐ Yes ☐ No  
If yes, confirm the date the following items were updated:  
Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating & Air Conditioning: \_\_\_\_\_  
Physical condition of buildings: \_\_\_\_\_
6. Fire Protection Class: \_\_\_\_\_ Fire District: \_\_\_\_\_ E.C. Class: \_\_\_\_\_  
Distance from coastal water: \_\_\_\_\_ (Includes ocean, gulf, bay or sound)
7. Primary source of heat: \_\_\_\_\_  
If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: \_\_\_\_\_ Number of year's experience: \_\_\_\_\_  
Name of licensed contractor: \_\_\_\_\_  
Extent of Renovation: \_\_\_\_\_
9. Applicant's occupation(s): \_\_\_\_\_
10. Are any business pursuits conducted on the premises? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
11. Any animals? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
12. Acreage? ..... ☐ Yes ☐ No  
If yes, number of acres: \_\_\_\_\_ Usage: \_\_\_\_\_
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri) ... ☐ Yes ☐ No  
Comments: \_\_\_\_\_
14. Previous Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
15. Past Losses? \_\_\_\_\_ Comments: \_\_\_\_\_
16. Any Bankruptcy or Foreclosure Proceedings filed? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_  
Discharged? ..... ☐ Yes ☐ No

**UNDERWRITING GUIDELINES:**

**Prefer photo with application.**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Surplus Lines 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 Surplus Lines 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.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant'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.