

**SCOTTSDALE INSURANCE COMPANY®**

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Admin. Office: 8877 N. Gainey Center Dr. • 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

Mobile Home Application

Applicant's Name _____

Mailing Address _____

Location of M.H. _____

Agent Name _____

Address _____

Agent Code _____

PROPOSED EFFECTIVE DATE: From _____ To _____

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

Description of the Mobile Home and facts respecting its purchase by the Applicant: **PHOTO REQUIRED**

YEAR	LENGTH	WIDTH	MAKE & MODEL	SERIAL NO.	ACTUAL VALUE WHEN INSURED	PURCHASED MO. YR.	PURCHASE PRICE

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

ITEM	COVERAGE	DEDUCTIBLE	LIMITS OF LIABILITY		PREMIUM
Mobile Home	Comprehensive	\$			
	Named Perils	\$			
Adjacent Structures	Comprehensive	\$			
	Named Perils	\$			
Personal Effects	Comprehensive	\$			
	Named Perils	\$			
Liability	Premises Liability	\$			
Additional Coverages	Vendor's Single Interest	\$			
	Flood Coverage	\$			
	Trip Coverage	\$	From	To	
Policy Fee (where applicable)					\$
Total Premium					\$

ADJACENT STRUCTURES—List adjacent structures and equipment (cabanas, awnings, sheds, carports, air conditioners, etc.)

DESCRIPTION	VALUE	DESCRIPTION	VALUE

UNDERWRITING INFORMATION

1. Occupancy: ☐ Owner ☐ Tenant ☐ Vacant ☐ Seasonal
2. Protection Class: _____ Fire District: _____
3. Deductible: _____
4. Territory: _____
5. NADA Value: \$ _____
6. Distance to fire hydrant: _____
7. Distance to fire station: _____
8. Distance from water: _____
9. Is mobile home located in flood zone? ☐ Yes ☐ No
10. Is mobile home tied down? ☐ Yes ☐ No
11. Is mobile home in park? ☐ Yes ☐ No
12. Park size: _____ No. of lots: _____
13. Is there a wood/coal burning facility? ☐ Yes ☐ No
If yes, provide questionnaire and photo.
14. Has the mobile home been upgraded? ☐ Yes ☐ No
If yes, describe: _____
15. Is there a swimming pool? ☐ Yes ☐ No
If yes, pool is: ☐ Above ground ☐ Below ground ☐ Fenced
16. Is there any business, including day care, conducted on premises? ☐ Yes ☐ No
If yes, explain: _____
17. Is there any acreage or outbuilding? ☐ Yes ☐ No
If yes, describe: _____
18. Does Applicant own any animals? ☐ Yes ☐ No
If yes, what type and breed? _____
19. Previous/Current Carrier: _____ Policy Number: _____ Expiration Date: _____
20. Has any company cancelled, nonrenewed or refused coverage to Applicant? ☐ Yes ☐ No
(Not applicable in Missouri)
Comments: _____

21. Any bankruptcy or foreclosure proceedings filed? ☐ Yes ☐ No

Reason: _____

Discharged? ☐ Yes ☐ No

22. Any losses occurring in the last 36 months?..... ☐ Yes ☐ No

If yes, please describe:

DATE	DESCRIPTION	AMOUNT

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.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S AND PRODUCER'S SIGNATURES.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Agent Name _____ Agent License Number _____

(Applicable to Florida Agents Only.)

IMPORTANT

As a 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.