

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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Habitational Application

Applicant's Name _____

Mailing Address _____

Web Site Address _____

Agency Name _____

Agent _____

Address _____

E-Mail _____

Phone _____

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

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

Is applicant a Real Estate or Property Management company? ☐ Yes ☐ No

Number of years in business? _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Years owned						
Type of occupancy*						
Year built						
# Stories						
# Units—total						
# Buildings						
Total square feet						
Pool?—see section C.						
Manager on premises?						
If occupancy is other than habi- tational, please describe the oc- cupancy.						
Square feet						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Dwellings:						
% of units subsidized						
% of university or college stu- dents as tenants						
Subcontracted work – Anticipated cost next 12 months						

*Use alpha code listed for type of occupancy:

A—Apartment Building

D—Dwelling/one family

G—Dwelling/four family

B—Garden apartments

E—Dwelling/two family

H—Boarding or rooming house

C—Apartment hotel/timeshare

F—Dwelling/three family

1. Are any of the properties residential retirement centers or assisted living centers? ☐ Yes ☐ No

2. Are any of the properties housing authorities or do they include subsidized housing? ☐ Yes ☐ No

If yes, explain: _____

B. RENOVATION/MOST RECENT UPDATE

Year and Type of Update	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Roof						
Plumbing						
Wiring & Electrical						
Paint						
Sidewalks						
Patio balconies/railings						
Parking areas						
Currently renovating?						
Cost/type of renovation						
Certificates for subcontractors on file?						

C. SWIMMING POOL(S)

- Number of pools: _____ Location number for pools: _____
- Diving boards? ☐ Yes ☐ No If yes, height: _____
- Slides? ☐ Yes ☐ No If yes, height: _____
- Underwater lighting? ☐ Yes ☐ No
- Steps into shallow end with handrails? ☐ Yes ☐ No
- Ladder at deep end with handrails? ☐ Yes ☐ No
1. Is the pool area completely surrounded by building walls or fence? ☐ Yes ☐ No
If yes, height of fence: _____
2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? ☐ Yes ☐ No
3. Are the depth markings clearly shown? ☐ Yes ☐ No
4. Are warning signs and rules posted and clearly visible? ☐ Yes ☐ No
Provide wording or photo.
5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside? ☐ Yes ☐ No
6. Is pool maintained by applicant or outside contractor? ☐ Applicant ☐ Outside Contractor
If outside contractor, are certificates of insurance on file? ☐ Yes ☐ No
7. Are lifeguards provided by applicant or by outside pool management company? ☐ Applicant ☐ Pool management company
If outside, are certificates of insurance on file? ☐ Yes ☐ No

D. MAINTENANCE

1. Is janitorial, lawn care, or snow removal performed by outside contractor or applicant's employee? ☐ Contractor ☐ Employee
If outside contractor, are certificates of insurance on file? ☐ Yes ☐ No
Is the applicant named as additional insured on their policy? ☐ Yes ☐ No
2. Who is responsible for upkeep of sidewalks and driveways? _____

E. FIRE PROTECTION

1. Sprinklered? ☐ Yes ☐ No
All units? ☐ Yes ☐ No
Common areas only? ☐ Yes ☐ No
2. Smoke detectors in each unit? ☐ Yes ☐ No
If yes: Hard-wire or battery? _____ How often checked? _____
3. Fire extinguishers? ☐ Yes ☐ No
In common areas? ☐ Yes ☐ No
In each unit? ☐ Yes ☐ No
4. Number of units per fire division: ☐ Yes ☐ No

F. SECURITY

Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.

- Is security provided? ☐ Yes ☐ No
If yes, what type? ☐ Patrol ☐ Gated access ☐ Alarm systems in each unit

1. If patrol, please answer the following questions:

- a. Armed or unarmed? _____
- b. Are the guards employees of the management or independent contractors? _____ ☐ Management ☐ Independent contractors
If independent contractors, are certificates of insurance required?..... ☐ Yes ☐ No
Is the applicant named as additional insured on their policy? ☐ Yes ☐ No
- c. Is the security 24 hours? ☐ Yes ☐ No
- d. What are the guards responsible for? ☐ Residents' safety ☐ Complex and amenities

2. If gated, please answer the following questions:

- a. Is the entire apartment complex gated? _____
- b. How is access obtained? ☐ Guard at gate ☐ Card ☐ Security code
- c. Who is given access? _____
- d. If the 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? _____

3. If alarm systems are provided, please provide answers to the following questions:

- a. Are alarm systems in every unit?..... ☐ Yes ☐ No
- b. Are the residents shown how to operate the alarm systems? ☐ Yes ☐ No
- c. Who monitors the alarms? _____

4. Do the residents' doors or windows contain any of the following?

- ☐ Viewing windows in front doors ☐ Lock pins for windows and sliding glass doors
☐ Window locks/bars ☐ Dead bolts

5. Master keys and locks:

- a. How does management handle the monitoring of master keys? _____
- b. How are locks handled upon vacancy of residents?..... ☐ Re-keyed ☐ Changed completely

6. Criminal Incidents:

- a. Does management advise residents of all criminal activity that has taken place upon the properties?..... ☐ Yes ☐ No
How is this done? _____
- b. Is this information provided to prospective renters if requested? ☐ Yes ☐ No

G. OTHER RECREATIONAL EXPOSURES

Number of:	Baseball field(s) _____	Lakes/Ponds (acres) _____	Spa/Hot tub(s) _____
	Basketball court(s) _____	Parks (acres) _____	Stables _____
	Beaches _____	Playground(s) _____	Streets/Roads (miles) _____
	Bike trails (miles) _____	Racquetball court(s) _____	Tennis court(s) _____
	Boat slip(s) _____	Saunas _____	Volleyball court(s) _____
	Clubhouse (sq. ft.) _____	Shooting Ranges _____	
	Other: _____		

Are these available to nonresidents for a fee?..... ☐ Yes ☐ No

If yes, annual receipts: _____

H. During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant? (Not applicable in Missouri.).....

☐ Yes ☐ No

If yes, explain: _____

- I. **Any prior losses due to mold?** ☐ Yes ☐ No
 If yes, has mold been completely remediated?..... ☐ Yes ☐ No
- J. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No
 If yes, explain and advise where insured: _____

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD				
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 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.

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 SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT 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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"