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

Dwelling Fire Application

					5		••				Γ	Date:	
Agency Nam	e / Address:		A	Applicant's	Name:						I		
Phone:	Fax:		r	Mailing Add	dress:								
E-mail:				City: ST: Zip: County:									
Code:		Subcode:	E	E-mail:					Phone	e No.:	Bu	s. Phone No.:	
Agency Cust	omer ID:		E	Effective Da	ate:				Expira	ation Date	e:		
APPLICAN	NT INFORMATIO	N											
Previous Ado Street:	ITESS (If less than three years) Years at Previo	ous Address:		Location Street:	n of prop	perty if diff	erent fi	rom abo	OVE (attac	h Additional Location Suppler	mental Application,	if necessary):
City:		ST:	Zip:		City:				ST:	Zip:		County:	
Applicant's C	OCCUPATION (State nature of b	business if self-employed):	Marita	al Status	DO)В	Applica	ant's Ei	mployer	r Name a	nd Address:		
Co-Applicant's Occupation (State nature of business if self-employed): Ma			ved): Marita	al Status	DO)В	Co-Ap	plicanť	s Emplo	oyer Nam	ne and Address:		
COVERAG	SES / LIMITS OF	LIABILITY											PREMIUM
Policy Type	Dwelling	Other Structure		ersonal Property	Å		ir Rental lue		Perso Prem Liability Occur	ises y Each	Med Pay Each Person	Est. Total Premium	\$
												Deposit	\$
	\$	\$	\$		\$			\$			\$	Balance	\$
PERILS	🗆 Fire 🛛 E		•									•	
Deductible Ty	/pe & Amount (%/\$)	All perils:		U Wind &	Hail:				Nameo	d Storm:		Other:	
ENDORSE	MENTS / ADDIT	IONAL COVE	RAGES										
				esidence Burglary \$ Workers Comp (CA			Tenant Relocation (VIA only)					
PAYMENT	PLAN		•										
Billing:			ency Bill										
-	UNDERWRITING										-		
Year Built	Purchase Date	C □ Frame □ Masonry	Construction Typ	odular Hom	ne I	Struc Ty Dwel	-	ΠP	je Type rimary econda		Occupancy Owner Unoccupied	No. Stories	Windstorm Loss Mitigation Features
Square Fee	t Replacement Cos \$	st Assonry V	eneer 🗌 Lo	g Home] Hand-hev	1	Towr Apar	tment	□s □v	easona acation		Tenant	No. Families	☐ HurricaneStraps☐ Hurricane
	Market Value	Fire Resist	-] Milled	1	Row					Rented:	No. H/H	Shutters
	\$	MFG/Mobil Other:	e Home			Co-o			OC/Rer pletion		☐ Vacant No. of Months:	Residents	Impact Resistant Glass
Territory	Protection Class	5 Dista	nce To		Protec	tion De	vice Type)		Foundation: Open Closed Stilts			
Code		Hydrant Fire Stati						Burg			Deadbolt Fire Extinguisher Visible to Neighbors		
		FT	MI	Central	0]	Sprinkler	s: 🔲 Full 🔲 Partial		
Fire District / Code No.: /				Local				C	1		ng Pool: 🗌 Yes 🔲 No oved Fencing 🔲 Divin		ide

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Updates	Partial	Complete	Year		Details	
Wiring				Circuit Breakers: 🗌 Yes 📄 No Aluminum: 📄 Yes 📄 No	Fuses: ☐ Yes ☐ No No. of Knob & Tube: ☐ Yes ☐ No	Amps
Plumbing				Type: Copper PVC Other:	Any known leak	s? □ Yes □ No
Heating				Primary: Wood Stove?	Secondary: Portable Space Heaters?	None
Roofing				Roof Type/Material:	Condition of Roof:	

LOSS HISTORY

Any losses, whe	ther or not paid by insurance, in the last three y If Yes, indicate below:	years, at this or any other location?		
DATE	ТҮРЕ	DESCRIPTION OF LOSS	AMOUNT PAID / RESERVED	OPEN / CLOSED
			\$	OpenClosed
			\$	OpenClosed
			\$	OpenClosed

PRIOR / CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Ex	Explain all "Yes" responses in the "Remarks" section			Explain all "Yes" responses in the "Remarks" section	YES	NO
1.	Any business conducted on premises? (Including farms, day care, etc.)			11. Is property situated on more than five acres?		
2.	Any residence employees? Number and type of full time and part time employees:			No. of acres: Describe land use:		
3.	Any brush, flooding, forest fire hazard, landslide, etc.?			12. Other structures on premises? (barns, sheds, etc.) If yes, describe:		
4.	Any other insurance with this company? List policy numbers:			 Is building retrofitted for earthquake? (If applicable) 		
5.	Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)			14. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson convic- tion is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
6.	Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years?			15. Is there any existing fire, water or structural damage?		
	Reason:			16. Is building undergoing renovation or reconstruction?		
				Starting Date:Starting Value: \$		
	Open Date closed/discharged:			Starting Value: Contractor Name: Completion Date: Completed Value:		
7.	Is applicant delinquent on mortgage or tax payments?			17. Is house for sale?		
8.	Are there any animals or exotic pets kept on premises?			18. Is property within 300 ft. of a commercial or non-residential		
	Breed:			property?	_	
	Bite History:			19. Is there a trampoline on the premises?		
9.	Any lake, pond or dock on premises?			20. Was the structure originally built for other than a private residence and then converted?		
10.	Distance to tidal water:					

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ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information			Loan Number:
	Mortgagee Additional Interest Trust	Name: Address: City:	ST:	Zip:	
	Mortgagee Additional Interest Trust	Name: Address: City:	ST:	Zip:	

ADDITIONAL REQUIREMENTS / ATTACHMENTS

Inspection	Photographs	Protection Class 9/10 Questionnaire	Woodstove Questionnaire/Photos (2)	Replacement Cost Estimator

NOTICES, FRAUD WARNINGS AND ATTESTATION

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.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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 to Oregon).

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 company and 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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

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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 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 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.)

APPLICANT'S SIGNATURE:	DATE:
CO-APPLICANT'S SIGNATURE:	DATE:
PRODUCER'S SIGNATURE:	DATE:
AGENT NAME:	AGENT LICENSE NUMBER:
IOWA LICENSED AGENT:	

(Applicable in Iowa Only)