



SCOTTSDALE INSURANCE COMPANY®

C/O MACNEILLGROUP, INC.

PO BOX 45-9003

SUNRISE, FL 33345

TEL#1.800.432.3072 FAX#1.954.837.4393

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

COVERAGE INFORMATION

- Perils to be Insured: DP-1 DP-3
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 EIFS
Log—Hand hewn
Log—Milled Log
b. 1 family 2 family
3 family 4 family
c. Owner Tenant Renovation
d. Vacant Builders Risk
Seasonal Short-Term Rental
e. Located at:
Other Structures—describe:
On contents in the above dwelling
Residence Burglary
Additional Living Expense/Loss of Use
Premises Liability/Personal Liability
Medical Payments

Dwelling #2 Limits:
\$
a. Masonry Frame EIFS
Log—Hog hewn
Log—Milled Log
b. 1 family 2 family
3 family 4 family
c. Owner Tenant Renovation
d. Vacant Builders Risk
Seasonal Short-Term Rental
e. Located at:
Other Structures—describe:
On contents in the above dwelling
Residence Burglary
Additional Living Expense/Loss of Use
Premises Liability/Personal Liability
Medical Payments

PROPERTY INFORMATION

- 1. If vacant, how long has dwelling been vacant? _____
- 2. If seasonal or short-term rental, is there a caretaker or property manager? Yes No
- 3. If vacant, seasonal or short-term rental, how often is dwelling checked on? _____
- 4. Was dwelling inspected by agent? Yes No
Comments: _____
- 5. Does agent recommend risk? Yes No
Comments: _____
- 6. Is there a swimming pool? Yes No
If yes:
Fenced? Yes No
Locking Gate? Yes No
- 7. Year of Construction: _____ Square Feet: _____ Cost per square foot: \$ _____
Year of building updates in:
 Wiring: Year _____ Full Partial Type: Knob & Tub Fuses Circuit Breakers
 Roofing: Year _____ Full Partial Type: _____
 Plumbing: Year _____ Full Partial
 Heating & Air Conditioning: Year _____ Full Partial
 Hurricane Straps: Yes No (Applicable in Florida only)
Physical condition of buildings: _____
- 8. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
Distance from coastal water (Includes an ocean, gulf, bay or sound): _____
Distance to hydrant: _____
Distance to fire station (Indicate miles): _____
- 9. Primary source of heat: _____
- 10. Is there a wood stove on premises? Yes No
If wood burning stove, attach completed questionnaire and photo.
- 11. Is dwelling under construction or being renovated? Yes No
If yes, name of licensed contractor: _____
Number of years experience: _____ Project completion date: _____
Extent of renovation: _____
- 12. Applicant's occupation(s): _____
Applicant's phone number: _____
- 13. Are any business pursuits conducted on the premises? Yes No
If yes, describe: _____

- 14. Any animals? Yes No
If yes, any bite/aggressive behavior history? Yes No
If yes, describe: _____

15. Acreage? Yes No

If yes, number of acres: _____ Usage: _____

16. Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? Yes No

Comments: _____

17. Previous insurance carrier: _____

Policy number: _____ Expiration date: _____

If no previous carrier, why (not applicable in Missouri or California)? _____

18. Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, provide details: _____

19. Any bankruptcy or foreclosure proceedings filed? Yes No

Reason: _____

Opened Closed Date Closed: _____

ATTACH PHOTO WITH COMPLETED APPLICATION.

NOTICES AND FRAUD WARNINGS

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)