

DWELLING FIRE APPLICATION

							Date:	
Agency Name:				Applicant's Name:				
Address:				Mailing Address:				
Phone:		Fax:		City:		State:	Zip:	County:
E-mail:				E-mail:				
Code:		Subcode:		Phone No.:		Bus. Phone No.:		
Agency Customer ID:				Effective Date:		Expiration Date:		
APPLICANT INFORMATION								
Previous Address (if less than three years)			Years at Previous Address:		Location of property if different from above (attach Additional Location Supplemental Application, if necessary):			
Street:			Street:					
City:		State:	Zip:	City:		State:	Zip:	County:
Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Applicant's Employer Name and Address:			
Co-Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Co-Applicant's Employer Name and Address:			
COVERAGES/LIMITS OF LIABILITY							PREMIUM	
Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	\$
	\$	\$	\$	\$	\$	\$	Deposit:	\$
							Balance:	\$
PERILS: <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM								
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils:		<input type="checkbox"/> Wind & Hail:		<input type="checkbox"/> Named Storm:		<input type="checkbox"/> Other:
ENDORSEMENTS/ADDITIONAL COVERAGES								
<input type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary: \$		<input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only)		<input type="checkbox"/> Other:		
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)				
PAYMENT PLAN								
Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill								

RATING/UNDERWRITING												
Year Built	Purchase Date	Construction Type			Structure Type		Usage Type		Occupancy		No. Stories	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Square Feet	Replacement Cost \$	<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Primary		<input type="checkbox"/> Owner		No. Families			
	Market Value \$	<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Secondary		<input type="checkbox"/> Unoccupied					
		<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Seasonal		<input type="checkbox"/> Tenant		No. H/H Residents			
		<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Vacation Rental		No. Weeks Rented:					
		<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Milled	<input type="checkbox"/> Condo	<input type="checkbox"/> Farm		<input type="checkbox"/> Vacant					
		<input type="checkbox"/> MFG/Mobile Home		<input type="checkbox"/> Co-op	<input type="checkbox"/> COC/Reno		No. of Months:					
		<input type="checkbox"/> Other:			Completion Date:							
Territory Code	Protection Class	Distance To		Protection Device Type			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts					
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors				
		ft.	mi.	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial				
Fire District/Code No.:		/		Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide				
Updates	Partial	Complete	Year	Details								
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No			Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Amps:			
				Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No			Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____			Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____		Secondary: _____		<input type="checkbox"/> None				
				Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No			Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____			Condition of Roof: _____					
				Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No			Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LOSS HISTORY												
Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No												
If "Yes," indicate below:												
DATE	TYPE	DESCRIPTION OF LOSS					AMOUNT PAID/RESERVED	OPEN/CLOSED				
							\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
							\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
							\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
PRIOR/CURRENT COVERAGE												
Prior carrier/Current carrier:					Policy number:			Expiration date:				
If lapse or no prior coverage, provide explanation:												

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. 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 Nationwide company 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 in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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 policy holder or claimant with regard to a settlement or award 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 a 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: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)