**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**WOOD PALLET MANUFACTURING PROPERTY SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

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| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  Phone No.: |

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

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| **1. Provide details regarding applicant’s fire preventative/housekeeping program (i.e. stacking/storage of pallets, sweeping/vacuuming schedule):** |

Is an emergency fire plan in place?  Yes  No

**2. Is smoking prohibited on the premises?**  Yes  No

**3. Maximum height of indoor/outdoor stacked pallets: Indoor**        **Outdoor**

**4. Are pallets stored in racks?**  Yes  No

If yes:

**a.** Is there a sprinkler system in the racks?  Yes  No

**b.** How much clearance space is there from the top of the pallets to the sprinkler heads?

**5**. **Are pallets stored away from chemicals or compressed gas/propane?**  Yes  No

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| **6. Distance between outdoor stacked pallets and other structures (including buildings/fences):** |

**7. Are any pallets “treated” by the applicant?**  Yes  No

If yes:

**a.** Are all flammables/chemicals stored in NFPA/FM approved storage cabinets/containers?  Yes  No

**b.** Are NFPA/FM approved containers and/or self-closing waste cans utilized for discarding cloths/rags soaked in solvent?  Yes  No

**8. Does applicant perform any hot work?**  Yes  No

If yes, are formal, written safety procedures in place and enforced?  Yes  No

**9. Will there be open burning within two hundred (200) feet of any structure?**  Yes  No

**10. Does applicant have an equipment maintenance program in place?**  Yes  No

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| If yes, please provide details: |

**11. Provide a limit breakdown as follows:**

TIV:

Building:

Business Personal Property (Stored in the Building):

Property in the Open:

**12. Are building(s) equipped with a fully functional central dust collection system vented to the outside of the building(s)?**  Yes  No

If yes:

**a.** Is a spark arrestor utilized?  Yes  No

**b.** Where is dust collected?

**c.** How often is the dust disposed of?

**13. Are building(s) protected by an automatic sprinkler system?**  Yes  No

If yes:

Is the sprinkler system specifically designed for pallet manufacturing?  Yes  No

Does it meet all applicable fire codes?  Yes  No

**14. Are there fire extinguishers on the premises?**  Yes  No

If yes, when were they last serviced?

**15. Are building(s) equipped with smoke alarms?**  Yes  No

If yes, how often are they tested?

**16. Are brush and weeds kept cleared from around buildings?**  Yes  No

**17. Is entire premises fully fenced?**  Yes  No

**18. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

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.

**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 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)

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|  | **IMPORTANT NOTICE** |  |
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| 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. | | |