

**NOTICE TO AGENT  
BILLING INSTRUCTIONS**

Indicate below how you wish Renewals to be billed

 Insured     Mortgage Co.     Agent

## 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    (Texas only)     TDP-1     TDP-2     TDP-3

 Fire     E.C     VMM     Premises Liability     Personal Liability

 Residence Burglary    Deductible: \$ \_\_\_\_\_

Territory: \_\_\_\_\_ County: \_\_\_\_\_

 Wind Excluded?.....  Yes  No    Wind Deductible: \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Address: \_\_\_\_\_ Loan No.: \_\_\_\_\_

<b>Dwelling #1 Limits:</b>	
\$ _____	a. <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> EIFS <input type="checkbox"/> Log—Hand hewn <input type="checkbox"/> Log—Milled <input type="checkbox"/> Log _____
	b. <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family
	c. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation
	d. <input type="checkbox"/> Vacant <input type="checkbox"/> Builders Risk <input type="checkbox"/> Seasonal <input type="checkbox"/> 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

<b>Dwelling #2 Limits:</b>	
\$ _____	a. <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> EIFS <input type="checkbox"/> Log—Hog hewn <input type="checkbox"/> Log—Milled <input type="checkbox"/> Log _____
	b. <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family
	c. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation
	d. <input type="checkbox"/> Vacant <input type="checkbox"/> Builders Risk <input type="checkbox"/> Seasonal <input type="checkbox"/> 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING 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.

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)