



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

General Liability Application

Applicant's Name, Mailing Address, Location

Agent's Name, Agency Name, Address, Agent 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

Table with 2 columns: LIMITS OF LIABILITY REQUESTED, PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, and Other Coverages.

APPLICANT/PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant:

2. Premises information (attach schedule if necessary):

Table with 4 columns: Loc. No., Street, City, County, State, Zip Code, Interest, Part Occupied

3. Applicant is: Individual, Corporation, Partnership, Joint Venture, Limited Liability Company, Nonprofit, Other (Specify):

4. Inspection/Audit:

Inspection (contact and phone): Accounting records (contact and phone):

5. Management:

Number of years in operation: _____ If new operation, number of years related experience: _____

6. Total number of employees: _____

GENERAL INFORMATION (Explain all "yes" responses.)

- 1. Exposure to flammables, explosives or chemicals?..... Yes No
- 2. Exposure to asbestos? Yes No
- 3. Exposure to radioactive materials? Yes No
- 4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?..... Yes No
- 5. Sporting/social events sponsored? Yes No
- 6. Any watercraft, docks, floats owned, hired or leased?..... Yes No
- 7. Any operations sold, acquired or discontinued in last five years? Yes No
- 8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?..... Yes No
- 9. Machinery/equipment loaned/rented to others? Yes No
- 10. Swimming pool on premises?..... Yes No
- 11. Any parking facilities owned/rented? Yes No
- 12. Fee charged for parking? Yes No
- 13. Does applicant have Workers' Compensation coverage in force? Yes No
- 14. Does insured subcontract work? Yes No
- 15. Certificates of insurance required from all subcontractors? Yes No
- 16. Does the applicant lease employees?..... Yes No
- 17. Any demolition exposure contemplated? Yes No
- 18. Any structural alterations contemplated? Yes No
- 19. Recreational facilities provided? Yes No
- 20. Any policy or coverage declined, canceled or nonrenewed during last three years? (not applicable in Missouri) Yes No

If "yes," please explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

ADDITIONAL INSURED INFORMATION

Name	Address

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./ Ops.	Products/ Comp. Ops.	Prem./ Ops.	Products/ Comp. Ops.

SCHEDULE RATING PLAN INFORMATION

1. Employee Section:

Prior related experience required? Yes No
 Background screening performed? Yes No

2. Employee Training:

Formal classroom training program in operation? Yes No
 On-the-job training program established? Yes No

3. Management:

Number of years in operation: _____ If new operation, number of years related experience: _____

4. Cooperation:

Formal safety program in operation? Yes No
 Medical facilities on premises? Yes No
 Medical facilities accessible within 10 minutes? Yes No

5. Location/Premises:

Age of building: _____

If building is over 25 years old, has plumbing/wiring been updated in the past five years? Yes No

This application does not bind YOU nor US 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.

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

IMPORTANT NOTICE

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.