

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 N. Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

## Dwelling Liability Application

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Agent Code No. \_\_\_\_\_

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

**REQUESTED COVERAGE:**  **PERSONAL LIABILITY**  **PREMISES LIABILITY**  
**LIMIT OF LIABILITY:** \$ \_\_\_\_\_ **MEDICAL PAYMENTS** \$ \_\_\_\_\_

**LOCATION #1**

Located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of Dwelling: \$ \_\_\_\_\_

1 family    2 family    3 family    4 family  
 Owner    Tenant    Renovation  
 Vacant    Seasonal    Builder's risk  
 Vacant land    Condo    Short-term rental

Year of construction: \_\_\_\_\_

Updated?.....  Yes  No

If yes, provide the date the following items were updated:

Roof: \_\_\_\_\_  
Wiring: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
Heating & Air Conditioning: \_\_\_\_\_  
Physical condition of property: \_\_\_\_\_  
\_\_\_\_\_

Additional insured: \_\_\_\_\_

**LOCATION #2**

Located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of Dwelling: \$ \_\_\_\_\_

1 family    2 family    3 family    4 family  
 Owner    Tenant    Renovation  
 Vacant    Seasonal    Builder's risk  
 Vacant land    Condo    Short-term rental

Year of construction: \_\_\_\_\_

Updated?.....  Yes  No

If yes, provide the date the following items were updated:

Roof: \_\_\_\_\_  
Wiring: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
Heating & Air Conditioning: \_\_\_\_\_  
Physical condition of property: \_\_\_\_\_  
\_\_\_\_\_

Additional insured: \_\_\_\_\_

**Please answer all questions:**

- 1. Is there a swimming pool on premises?**.....  Yes  No  
If yes, is there a diving board or slide? .....  Yes  No  
If yes, is the pool fenced with a self-locking gate? .....  Yes  No

2. Any other water exposure; i.e., ponds, lakes, jacuzzi/hot tubs? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

3. Any animals on premises?.....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

If yes, any bite/aggressive behavior history? .....  Yes  No

4. Any smoke detectors?.....  Yes  No

5. Any trampolines? .....  Yes  No

6. Trip and fall hazards? .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

7. Do steps have secured handrails? .....  Yes  No

8. Applicant's occupation: \_\_\_\_\_

9. Any business on premises?.....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

10. Is there a day care operation on premises? .....  Yes  No

If yes, is commercial General Liability coverage written? .....  Yes  No

Number of children: \_\_\_\_\_

11. Any hobbies?.....  Yes  No

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

12. Is the dwelling under renovation or builder's risk? .....  Yes  No

If yes: Provide contractor's name: \_\_\_\_\_

Duration of project: \_\_\_\_\_

Provide certificate of insurance from contractor.

13. Any adjacent structures on premises, other than a garage?.....  Yes  No

If yes, what are they used for? \_\_\_\_\_

\_\_\_\_\_

14. Any acreage?.....  Yes  No

If yes: Number of acres: \_\_\_\_\_

How is it used? \_\_\_\_\_

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

If yes, details: \_\_\_\_\_

\_\_\_\_\_

16. Any residence employees? .....  Yes  No

If yes: Number of: In-servants: \_\_\_\_\_ Hours/week per employee: \_\_\_\_\_

Number of: Out servants: \_\_\_\_\_ Hours/week per employee: \_\_\_\_\_

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

18. Additional space to explain yes answers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. Please provide:**

Prior insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

(Not applicable in Missouri or California.)

**INCLUDE PHOTO OF PREMISES WITH APPLICATION.**

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Surplus Lines 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 Surplus Lines 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:**

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 NAME AND TITLE: \_\_\_\_\_

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)