



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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Habitational Application

Applicant's Name
Mailing Address
Web Site Address

Agency Name
Agent
Address
E-Mail
Phone

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

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify)

Is applicant a Real Estate or Property Management company? Yes No

Number of years in business?

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

PROPERTY LOCATIONS:

# Location Name, Street Address, City, County, State, Zip Code

- 1.
2.
3.
4.
5.
6.

**A. DESCRIPTION OF LOCATIONS**

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Years owned						
Type of occupancy*						
Year built						
# Stories						
# Units—total						
# Buildings						
Total square feet						
Pool?—see section C.						
Manager on premises?						
If occupancy is other than habi- tational, please describe the oc- cupancy.						
Square feet						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Dwellings:						
% of units subsidized						
% of university or college stu- dents as tenants						
Subcontracted work – Anticipated cost next 12 months						

\*Use alpha code listed for type of occupancy:      A—Apartment Building                      D—Dwelling/one family                      G—Dwelling/four family  
    B—Garden apartments                      E—Dwelling/two family                      H—Boarding or rooming house  
    C—Apartment hotel/timeshare              F—Dwelling/three family

1. Are any of the properties residential retirement centers or assisted living centers? .....  Yes  No
2. Are any of the properties housing authorities or do they include subsidized housing? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**B. RENOVATION/MOST RECENT UPDATE**

Year and Type of Update	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Roof						
Plumbing						
Wiring & Electrical						
Paint						
Sidewalks						
Patio balconies/railings						
Parking areas						
Currently renovating?						
Cost/type of renovation						
Certificates for subcontractors on file?						

**C. SWIMMING POOL(S)**

Number of pools: \_\_\_\_\_ Location number for pools: \_\_\_\_\_

Diving boards? .....  Yes  No If yes, height: \_\_\_\_\_

Slides?.....  Yes  No If yes, height: \_\_\_\_\_

Underwater lighting? .....  Yes  No

Steps into shallow end with handrails? .....  Yes  No

Ladder at deep end with handrails?.....  Yes  No

1. Is the pool area completely surrounded by building walls or fence?.....  Yes  No  
If yes, height of fence: \_\_\_\_\_

2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device?  Yes  No

3. Are the depth markings clearly shown? .....  Yes  No

4. Are warning signs and rules posted and clearly visible? .....  Yes  No  
Provide wording or photo.

5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside?  Yes  No

6. Is pool maintained by applicant or outside contractor?.....  Applicant  Outside Contractor  
If outside contractor, are certificates of insurance on file? .....  Yes  No

7. Are lifeguards provided by applicant or by outside pool management company?.....  Applicant  Pool management company  
If outside, are certificates of insurance on file? .....  Yes  No

**D. MAINTENANCE**

1. Is janitorial, lawn care, or snow removal performed by outside contractor or applicant's employee? .....  Contractor  Employee  
If outside contractor, are certificates of insurance on file? .....  Yes  No  
Is the applicant named as additional insured on their policy? .....  Yes  No

2. Who is responsible for upkeep of sidewalks and driveways? \_\_\_\_\_

**E. FIRE PROTECTION**

1. Sprinklered? .....  Yes  No  
All units? .....  Yes  No  
Common areas only? .....  Yes  No

2. Smoke detectors in each unit? .....  Yes  No  
If yes: Hard-wire or battery? \_\_\_\_\_ How often checked? \_\_\_\_\_

3. Fire extinguishers? .....  Yes  No  
In common areas? .....  Yes  No  
In each unit?.....  Yes  No

4. Number of units per fire division:.....  Yes  No

**F. SECURITY**

**Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.**

Is security provided? .....  Yes  No  
If yes, what type?  Patrol  Gated access  Alarm systems in each unit

**1. If patrol, please answer the following questions:**

- a. Armed or unarmed? \_\_\_\_\_
- b. Are the guards employees of the management or independent contractors? .....  Management  Independent contractors  
If independent contractors, are certificates of insurance required? .....  Yes  No  
Is the applicant named as additional insured on their policy? .....  Yes  No
- c. Is the security 24 hours? .....  Yes  No
- d. What are the guards responsible for?  Residents' safety  Complex and amenities

**2. If gated, please answer the following questions:**

- a. Is the entire apartment complex gated? \_\_\_\_\_
- b. How is access obtained?  Guard at gate  Card  Security code
- c. Who is given access? \_\_\_\_\_
- d. If the gate is card or security code access, how often is maintenance done on the gate? \_\_\_\_\_  
What procedure is in place if gate is not working? \_\_\_\_\_

**3. If alarm systems are provided, please provide answers to the following questions:**

- a. Are alarm systems in every unit? .....  Yes  No
- b. Are the residents shown how to operate the alarm systems? .....  Yes  No
- c. Who monitors the alarms? \_\_\_\_\_

**4. Do the residents' doors or windows contain any of the following?**

- Viewing windows in front doors  Lock pins for windows and sliding glass doors
- Window locks/bars  Dead bolts

**5. Master keys and locks:**

- a. How does management handle the monitoring of master keys? \_\_\_\_\_
- b. How are locks handled upon vacancy of residents? .....  Re-keyed  Changed completely

**6. Criminal Incidents:**

- a. Does management advise residents of all criminal activity that has taken place upon the properties? .....  Yes  No  
How is this done? \_\_\_\_\_
- b. Is this information provided to prospective renters if requested? .....  Yes  No

**G. OTHER RECREATIONAL EXPOSURES**

**Number of:** Baseball field(s) \_\_\_\_\_ Lakes/Ponds (acres) \_\_\_\_\_ Spa/Hot tub(s) \_\_\_\_\_  
Basketball court(s) \_\_\_\_\_ Parks (acres) \_\_\_\_\_ Stables \_\_\_\_\_  
Beaches \_\_\_\_\_ Playground(s) \_\_\_\_\_ Streets/Roads (miles) \_\_\_\_\_  
Bike trails (miles) \_\_\_\_\_ Racquetball court(s) \_\_\_\_\_ Tennis court(s) \_\_\_\_\_  
Boat slip(s) \_\_\_\_\_ Saunas \_\_\_\_\_ Volleyball court(s) \_\_\_\_\_  
Clubhouse (sq. ft.) \_\_\_\_\_ Shooting Ranges \_\_\_\_\_  
Other: \_\_\_\_\_

Are these available to nonresidents for a fee? .....  Yes  No  
If yes, annual receipts: \_\_\_\_\_

**H. During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant? (Not applicable in Missouri.)**.....  Yes  No

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

- I. **Any prior losses due to mold?**..... Yes  No  
 If yes, has mold been completely remediated?..... Yes  No
- J. **Does applicant have other business ventures for which coverage is not requested?**..... Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD				
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**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.

**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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"