

Underwritten by Scottsdale Insurance Company
Home Office:
One Nationwide Plaza • Columbus, OH 43215
Administrative Office:
18700 North Hayden Road • Scottsdale, Arizona 85255
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	LOCATION #2
Located at: _____ _____ _____	Located at: _____ _____ _____
Value of Dwelling: \$ _____ <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Builder's risk <input type="checkbox"/> Vacant land <input type="checkbox"/> Condo <input type="checkbox"/> Short-term rental	Value of Dwelling: \$ _____ <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Builder's risk <input type="checkbox"/> Vacant land <input type="checkbox"/> Condo <input type="checkbox"/> Short-term rental
Year of construction: _____ Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the date the following items were updated: Roof: _____ Wiring: _____ Plumbing: _____ Heating & Air Conditioning: _____ Physical condition of property: _____ _____ Additional insured: _____	Year of construction: _____ Updated? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 or another Nationwide insurance company. 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 Nationwide company to issue, review, and renew the insurance for which I am applying.

DLS-APP (01-21)

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. (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 AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 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)