

Boston Insurance Specialists

31 Milk St, Suite 405

Boston, MA 02109

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Phone (866)569-1407 FAX (413)569-9119 – Western Mass

Dwelling Liability Application

PERSONAL LIABILITY

PREMISES LIABILITY

Applicant's Name
Mailing Address
Street Address
City
County State Zip Code

Agent Name
Agent Number

PROPOSED EFFECTIVE DATES:

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

LIMIT OF LIABILITY REQUESTED: \$

Medical Payments \$

LOCATION #1:

LOCATION #2:

Located at:
1 family 2 family 3 family 4 family
Owner Tenant Renovation
Vacant Seasonal Builder's Risk
Year of Construction:
Updated: Yes No
Roof:
Wiring:
Plumbing:
Heating & Air Conditioning:
Physical condition of property:
Additional Insured:
Address:
Type of Interest:

Located at:
1 family 2 family 3 family 4 family
Owner Tenant Renovation
Vacant Seasonal Builder's Risk
Year of Construction:
Updated: Yes No
Roof:
Wiring:
Plumbing:
Heating & Air Conditioning:
Physical condition of property:
Additional Insured:
Address:
Type of Interest:

Please answer all questions:

- 1. Swimming pool?
Diving board or slide?
Fenced and self-locking gate?
2. Any other water exposure; i.e., ponds, lakes, jacuzzi/hot tubs?

3. Dog on premises? .....  Yes  No  
 Breed of dog(s): \_\_\_\_\_
4. Any other animals? .....  Yes  No
5. Smoke detectors? .....  Yes  No
6. Trampolines? .....  Yes  No
7. Trip and fall hazards? .....  Yes  No
8. Steps have secured handrails? .....  Yes  No
9. Day care on premises? .....  Yes  No
10. Number of children: \_\_\_\_\_
11. Any business on premises? .....  Yes  No
12. Applicant's occupation: \_\_\_\_\_
13. Any hobbies? .....  Yes  No  
 If yes, what are they? \_\_\_\_\_  
 \_\_\_\_\_
14. If under renovation or builder's risk, who is the contractor? (Provide certificate of insurance.) \_\_\_\_\_  
 \_\_\_\_\_
15. Adjacent structures, other than a garage? .....  Yes  No  
 If yes, what are they used for? \_\_\_\_\_  
 \_\_\_\_\_
16. Acreage? .....  Yes  No  
 If yes, what is it used for? \_\_\_\_\_  
 \_\_\_\_\_
17. Any losses in the last five years? \_\_\_\_\_
18. Has any company cancelled, nonrenewed or refused coverage to the Applicant? .....  Yes  No  
 (Not applicable to Missouri applicants.)
19. Explain all yes answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRIOR CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**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 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.

**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: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***

**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.