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BOSTON INSURANCE SPECIALISTS
 31 MILK STREET, SUITE 405
 BOSTON MA 02106
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Dwelling & Habitational Fire Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

Inspection Contact Name: _____
Phone Number: _____

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

Perils to be Insured:

Fire E.C VMM Premises Liability Personal Liability Residence Burglary Deductible: \$ _____
 Territory: _____ County: _____ Wind Excluded: YES NO Wind Deductible: \$ _____

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

Dwelling #1 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Other Structures—describe: _____

Dwelling #2 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Other Structures—describe: _____

UNDERWRITING QUESTIONNAIRE:

1. If vacant, how long has dwelling been vacant? _____
2. Did you inspect dwelling? Yes No
 Comments: _____

3. Do you recommend risk? Yes No
 Comments: _____

4. Swimming Pool? Yes No
 Fenced? Yes No
 Locking Gate? Yes No
5. Year of Construction: _____ Square Feet: _____ Updated: Yes No
 If yes, confirm the date the following items were updated:
 Wiring: _____ Plumbing: _____ Roof: _____ Heating & Air Conditioning: _____
 Updates to building systems are: Complete Partial
 Physical condition of buildings: _____
6. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
 Distance from coastal water: _____ (Includes ocean, gulf, bay or sound)
7. Primary source of heat: _____
 If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: _____ Number of years experience: _____
 Name of licensed contractor: _____
 Extent of Renovation: _____
9. Applicant's occupation(s): _____
10. Are any business pursuits conducted on the premises?..... Yes No
 If yes, describe: _____

11. Any animals?..... Yes No
 If yes, describe type & breed: _____
12. Acreage?..... Yes No
 If yes, number of acres: _____ Usage: _____
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri) Yes No
 Comments: _____

14. Previous Carrier: _____ Policy Number: _____
15. Past Losses? _____ Comments: _____

16. Any Bankruptcy or Foreclosure Proceedings filed?..... Yes No
 If yes, describe: _____
 Discharged? Yes No

UNDERWRITING GUIDELINES:

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

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.

Producer's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Agent Name _____ **Agent License Number** _____
(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

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