



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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www.scottsdaleins.com

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? _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

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

- Are any of the properties residential retirement centers or assisted living centers? Yes No
- 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?
c. Is the security 24 hours?
d. What are the guards responsible for?

2. If gated, please answer the following questions:

- a. Is the entire apartment complex gated?
b. How is access obtained?
c. Who is given access?
d. If the gate is card or security code access, how often is maintenance done on the gate?

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

- a. Are alarm systems in every unit?
b. Are the residents shown how to operate the alarm systems?
c. Who monitors the alarms?

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

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

6. Criminal Incidents:

- a. Does management advise residents of all criminal activity that has taken place upon the properties?
b. Is this information provided to prospective renters if requested?

G. OTHER RECREATIONAL EXPOSURES

Table with 4 columns: 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?
If yes, annual receipts:

H. During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant?
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"