

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

## HABITATIONAL LIABILITY APPLICATION

Applicant's Name: _____	Agency Name: _____
_____	Agent No.: _____
Mailing Address: _____	Address: _____
_____	_____
Location Address: _____	E-mail: _____
_____	Phone No.: _____

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE." (N/A)

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

**1. Property Locations:**

**Business Name (if applicable), Street Address, City, County, State and Zip Code:**

**Loc. No. 1:** \_\_\_\_\_  
**Loc. No. 2:** \_\_\_\_\_  
**Loc. No. 3:** \_\_\_\_\_  
**Loc. No. 4:** \_\_\_\_\_  
**Loc. No. 5:** \_\_\_\_\_

**2. Description of Locations:**

\* Use alpha code listed for type of occupancy:

A—Apartment Building	I—Timeshare	Q—Dwelling/Two Family
B—Garden Apartments	J—Vacation Rentals	R—Dwelling/Three Family
C—Apartment Hotel	K—Senior Housing	S—Dwelling/Four Family
D—Halfway Home	L—Assisted Living/Nursing/Convalescent	T—Dwelling Owner Occupied
E—Homeless Shelter	M—Fraternity/Sorority (Academic)	
F—Hostel	N—Fraternity/Sorority (Non-academic)	
G—Boarding or Rooming House	O—Student Housing	
H—Mobile Home	P—Dwelling/One Family	

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Type of occupancy*:					
If mobile home, is it tied down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of beds for Hostel, Boarding or Rooming House:					
Smoke detectors in each unit:	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery
If occupancy is other than habitational, please describe the occupancy and square footage:					
Percent of student housing as tenants:	%	%	%	%	%
Fraternity or sorority houses? If yes: Academic: _____ Non-Academic: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building(s) condemned or scheduled for demolition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conversion being done to or from condominiums and/or townhouses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Subcontracted Work Exposures:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Any new ground up constructions anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of construction:	\$	\$	\$	\$	\$
Renovation anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of renovation:	\$	\$	\$	\$	\$
Renovation going on currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of renovation:					
Cost of renovation:	\$	\$	\$	\$	\$

Does applicant use subcontractors? ..... ☐ Yes ☐ No

If yes:

Type of work subcontracted: \_\_\_\_\_

Annual subcontract cost: \_\_\_\_\_

Are Certificates of Insurance naming insured as additional insured obtained?..... ☐ Yes ☐ No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured?..... ☐ Yes ☐ No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? ..... ☐ Yes ☐ No

### 4. Other Exposures:

Number of: Baseball field(s) \_\_\_\_\_ Horse trails (miles) \_\_\_\_\_ Shuffleboard court(s) \_\_\_\_\_  
Basketball court(s) \_\_\_\_\_ Lakes/Ponds (acres) \_\_\_\_\_ Spa/Hot tub(s) \_\_\_\_\_  
Bathing Beaches \_\_\_\_\_ Parks (acres) \_\_\_\_\_ Stables \_\_\_\_\_  
Bicycle trails (miles) \_\_\_\_\_ Playground(s) \_\_\_\_\_ Streets/Roads (miles) \_\_\_\_\_  
Boat docks/slips \_\_\_\_\_ Racquetball court(s) \_\_\_\_\_ Tennis court(s) \_\_\_\_\_  
Clubhouse (sq. ft.) \_\_\_\_\_ Saunas \_\_\_\_\_ Volleyball court(s) \_\_\_\_\_  
Hiking trails (miles) \_\_\_\_\_ Shooting Ranges \_\_\_\_\_

Boat rental (paddle, canoe and rowboats) ..... ☐ Yes ☐ No

If yes: Number: .....

Are Coast Guard approved flotation devices provided for all passengers? ..... ☐ Yes ☐ No

Other: .....

Are any of these exposures available to nonresidents for a fee? ..... ☐ Yes ☐ No

If yes, annual receipts: ..... \$ \_\_\_\_\_

**5. Are there swimming, wading pools, hot tubs or spas? ..... ☐ Yes ☐ No**

If yes:

Number of pools/wading pools? .....

Number of hot tubs/spas? .....

Describe other bodies of water: .....

Pool area fenced with self-latching gate? ..... ☐ Yes ☐ No

Depths marked on pool? ..... ☐ Yes ☐ No

Are rules posted and clearly visible? ..... ☐ Yes ☐ No

Life safety equipment at poolside and/or waterfront? ..... ☐ Yes ☐ No

Platforms or diving boards? ..... ☐ Yes ☐ No Height: .....

Slides? ..... ☐ Yes ☐ No Height: .....

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations ..... ☐ Yes ☐ No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ..... ☐ Yes ☐ No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel ..... ☐ Yes ☐ No

Certified Lifeguards? ..... ☐ Yes ☐ No

(1) If yes, by applicant or outside contractor? .....

If outside contractor, are certificates of insurance on file? ..... ☐ Yes ☐ No

(2) Are lifeguards CPR certified? ..... ☐ Yes ☐ No

Ratio of attendants to children while swimming: .....

**6. Security: (not required for dwellings)**

**Are premises patrolled? ..... ☐ Yes ☐ No**

**If yes, please answer the following questions:**

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards:					
Number of unarmed guards:					
Are guards employees of management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security twenty-four (24) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guards responsible for residents' safety and/or complex/amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Any prior losses due to mold? ..... ☐ Yes ☐ No  
If yes, has mold been completely remediated? ..... ☐ Yes ☐ No
8. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_

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.

**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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS.** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** 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 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'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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