**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**MISCELLANEOUS ARTICLES APPLICATION**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

**1.** Name of Applicant:

**2.** Website Address:

**3.** Location Address:

**4.** Proposed Policy Term: From:       To:

**5.** Applicant’s Business:       No. of Years in Business:

**6.** Contact for Inspection:

Name:

E-mail Address:       Telephone No.:

**7.** Have you declared bankruptcy or been in receivership within the past five years?  Yes  No

**GENERAL INFORMATION AND PROTECTION OF MISCELLANEOUS ARTICLES**

|  |
| --- |
| **8.** How is the property transported? Include the transit methods used and the protection provided while in transit: |

|  |
| --- |
| **9.** How are small items protected from breakage or disappearance while away from the premises and in storage? |

|  |
| --- |
| **10.** Indicate the age, type of construction and protection class of the premises where the property is stored: |

**11.** Are recognized approved central station burglar alarms installed and maintained?  Yes  No

**12.** Are the storage areas locked at all times when occupied?  Yes  No

**13.** Regarding the premises:

**a.** What is the Public Protection Class (PPC) rating?

**b.** What is the distance in feet to the nearest fire hydrant?

**c.** What is the distance in miles to the nearest responding fire department?

**14.** Are there any hazardous or flammable materials used or stored on the premises?  Yes  No

**15.** Are the premises or any portion of the premises equipped with a sprinkler system?  Yes  No

**16.** Are there fire doors and fire stops between the various storage areas within the premises?  Yes  No

**17.** Are the premises equipped with a recognized approved central station alarm system and fire   
extinguishes?  Yes  No

**18.** Is any of your property stored in basements or sub-basements?  Yes  No

If yes, are they stored off the ground, and are storage areas equipped with a water detection system?  Yes  No

**19.**  If this box is checked, the **Theft From Any Unattended Vehicle** Exclusion does not apply.

**SCHEDULED COVERED PROPERTY, LIMITS OF INSURANCE AND DEDUCTIBLE**

**20.** Indicate property and limit of insurance:

|  |  |
| --- | --- |
| **Scheduled Covered Property** | **Limits Of Insurance** |
| Schedule Of Covered Property (or attach Schedule) |  |
| **a.** | $ |
| **b.** | $ |
| **c.** | $ |
| **d.** | $ |
| **e.** | $ |
| **f.** | $ |
| Total | $ |
| All Scheduled Covered Property In Any One Occurrence | $ |
| Deductible | $ |

**BLANKET COVERED PROPERTY, LIMITS OF INSURANCE**

**21.** Miscellaneous Articles Consisting Principally Of:

**a.**

**b.**

**c.**

**22.** Limits Of Insurance:

**a.** $      Per Item

**b.** $      Per Any One Occurrence

**23.** Deductible: $

**ADDITIONAL INFORMATION**

|  |
| --- |
| **24.** List previous insurance carrier: |

|  |
| --- |
| **25.** Provide information regarding the date, cause and amount of all losses during the last three years whether insured or  uninsured: |

|  |
| --- |
| **27.** List any additional information attached with the application: |

**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 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. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-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)

|  |  |  |
| --- | --- | --- |
|  | **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. | | |