[ ]  **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

**MOBILE AGRICULTURE MACHINERY AND EQUIPMENT APPLICATION**

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

**1.** Name of Applicant:

**2.** Website Address:

**3.** Location Address:

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

**5.** Annual Income:

Last Year: $

Estimated Current Year: $

**6.** Applicant’s Business:

Number of Years in Business:

**7.** Contact for Inspection:

Name:

E-mail Address:       Telephone Number:

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

**GENERAL INFORMATION**

**9.** Location of premises where property is customarily located:

|  |
| --- |
| **10.** Describe any preventive maintenance program provided for the equipment:       |

**11.** How often is equipment serviced?

Who services the equipment?

**12.** Is farm machinery equipped with: Shut-off Device? [ ]  Yes [ ]  No

LoJack Security System? [ ]  Yes [ ]  No

**13.** Are fire extinguishers present on every piece of equipment? [ ]  Yes [ ]  No

**14.** Are all employees (including temporaries) trained to handle the equipment they will operate? [ ]  Yes [ ]  No

**15.** At the site where the equipment is generally operated or stored:

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

**b.** What is the distance in feet to the nearest water source?

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

**16.** How often is the cotton picking machinery cleaned of debris?

**17.** Is the equipment safety-inspected at regular intervals? [ ]  Yes [ ]  No

**18.** Complete table below:

|  |
| --- |
| **Mobile Agricultural Machinery and Equipment to be Insured and Amounts of Insurance** |
| **Item No.** | **Model Year** | **Type Unit, Manufacturer, Model, Capacity** | **Serial No.** | **Date Purchased** | **New/Used** | **Purchase Price** | **Amount of Insurance** |
|     |      |       |       |       |      |       |       |
|     |      |       |       |       |      |       |       |
|     |      |       |       |       |      |       |       |
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|     |      |       |       |       |      |       |       |
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|     |      |       |       |       |      |       |       |
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| --- |
| **19.** List any loss payees needed on above equipment:       |

**20.** Does applicant own any equipment on which insurance is not currently being sought? [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain why insurance is not being purchased:       |

**21.** Is any equipment above used for hire? [ ]  Yes [ ]  No

**22.** If endorsed on this policy, FP 04 20, Foreign Objects in Machinery, applies to the following numbered items as listed in table under item **18:**

No.(s):

**23.** Provide prior carrier information and loss information:

|  |
| --- |
| Insurance carriers during the last three years:       |

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

|  |
| --- |
| **24.** 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. |