# DWELLING FIRE APPLICATION

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## APPLICANT INFORMATION

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### RATING/UNDERWRITING

<table>
<thead>
<tr>
<th>Year Built</th>
<th>Purchase Date</th>
<th>Construction Type</th>
<th>Structure Type</th>
<th>Usage Type</th>
<th>Occupancy</th>
<th>No. Stories</th>
<th>Windstorm Loss Mitigation Features</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Frame</td>
<td>Dwelling</td>
<td>Primary</td>
<td>Owner</td>
<td></td>
<td>□ Hurricane Straps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Masonry</td>
<td>Townhouse</td>
<td>Secondary</td>
<td>Unoccupied</td>
<td></td>
<td>□ Hurricane Shutters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modular Home</td>
<td>Apartment</td>
<td>Seasonal</td>
<td>Tenant</td>
<td></td>
<td>□ HP Roof</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EIFS</td>
<td>Rowhouse</td>
<td>Vacation Rental</td>
<td>Vacant</td>
<td></td>
<td>□ Impact Resistant Glass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Masonry Veneer</td>
<td>Condo</td>
<td>Farm</td>
<td>No. Weeks Rented:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Log Home</td>
<td>Co-op</td>
<td></td>
<td>No. of Months:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joisted Masonry</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hand-hewn</td>
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<td></td>
<td></td>
<td>Fire Resistant</td>
<td></td>
<td></td>
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<td>Milled</td>
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<td></td>
<td>MFG/Mobile Home</td>
<td></td>
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<td></td>
<td></td>
<td>Other:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th>Replacement Cost</th>
<th>$</th>
<th>Market Value</th>
<th>$</th>
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<table>
<thead>
<tr>
<th>Territory Code</th>
<th>Protection Class</th>
<th>Distance To</th>
<th>Protection Device Type</th>
<th>Foundation:</th>
<th>Open</th>
<th>Closed</th>
<th>Stilts</th>
<th>Sprinklers:</th>
<th>Full</th>
<th>Partial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ft.</td>
<td>Fire Station</td>
<td>System</td>
<td>Smoke</td>
<td>Temp</td>
<td>Burglar</td>
<td>Deadbolt</td>
<td>Fire Extinguisher</td>
<td>Visible to Neighbors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mi.</td>
<td>Central</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Fire District/Code No.:</th>
<th>/</th>
<th>Local</th>
<th>✓</th>
<th>No</th>
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</table>

<table>
<thead>
<tr>
<th>Updates</th>
<th>Partial</th>
<th>Complete</th>
<th>Year</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiring</td>
<td></td>
<td></td>
<td></td>
<td>Circuit Breakers: □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fuses: □ Yes □ No</td>
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<td>Aluminum: □ Yes □ No</td>
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<td>Knob &amp; Tube: □ Yes □ No</td>
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<td></td>
<td></td>
<td></td>
<td>No. of Amps: □</td>
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<tr>
<td>Plumbing</td>
<td></td>
<td></td>
<td></td>
<td>Type: □ Copper □ PVC □ Other: □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Any known leaks? □ Yes □ No</td>
</tr>
<tr>
<td>Heating</td>
<td></td>
<td></td>
<td></td>
<td>Primary: □</td>
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<td></td>
<td>Secondary: □</td>
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<td>Wood Stove? □ Yes □ No</td>
</tr>
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<td></td>
<td>Portable Space Heaters? □ Yes □ No</td>
</tr>
<tr>
<td>Roofing</td>
<td></td>
<td></td>
<td></td>
<td>Roof Type/Material: □</td>
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<td></td>
<td></td>
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<td></td>
<td>Condition of Roof: □</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Any known leaks? □ Yes □ No</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td>Exclude Roof? □ Yes □ No</td>
</tr>
</tbody>
</table>

### LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? □ Yes □ No

If "Yes," indicate below:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>DESCRIPTION OF LOSS</th>
<th>AMOUNT PAID/RESERVED</th>
<th>OPEN/CLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>Open</td>
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<td>Closed</td>
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<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>Closed</td>
</tr>
</tbody>
</table>

### PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier: □
Policy number: □
Expiration date: □

If lapse or no prior coverage, provide explanation:
<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Any business conducted on premises? (including farms, day care, etc.)</td>
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<tr>
<td>2.</td>
<td>Any resident employees?</td>
<td></td>
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<tr>
<td>3.</td>
<td>Any brush, flooding, forest fire hazard, landslide, etc.?</td>
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<tr>
<td>4.</td>
<td>Any other insurance with this company?</td>
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<tr>
<td>5.</td>
<td>Any coverage declined, cancelled or non-renewed during the last three</td>
<td></td>
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<tr>
<td>6.</td>
<td>Has applicant had any foreclosure, repossession, bankruptcy, judgment</td>
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<tr>
<td>7.</td>
<td>Is applicant delinquent on mortgage or tax payments?</td>
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<tr>
<td>8.</td>
<td>Are there any animals or exotic pets kept on premises?</td>
<td></td>
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<tr>
<td>9.</td>
<td>Any lake, pond or dock on premises?</td>
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<tr>
<td>10.</td>
<td>Distance to tidal water</td>
<td></td>
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<tr>
<td>11.</td>
<td>Is property situated on more than five acres?</td>
<td></td>
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<tr>
<td>12.</td>
<td>Other structures on premises? (barns, sheds, etc.)</td>
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<td>13.</td>
<td>Is building retrofitted for earthquake? (if applicable)</td>
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<tr>
<td>14.</td>
<td>During the last five years (ten years in RI), has any applicant or</td>
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<td>15.</td>
<td>Is there any existing fire, water or structural damage?</td>
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<tr>
<td>16.</td>
<td>Is building undergoing renovation or reconstruction?</td>
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<td>17.</td>
<td>Is house for sale?</td>
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<td>18.</td>
<td>Is property within 300 ft. of a commercial or non-residential property?</td>
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<td>19.</td>
<td>Is there a trampoline on the premises?</td>
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<td>20.</td>
<td>Was the structure originally built for other than a private residence and then converted?</td>
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**REMARKS**

(Attach additional sheets if more space is required)

### ADDITIONAL INTEREST

<table>
<thead>
<tr>
<th>INT No.</th>
<th>Type Of Interest</th>
<th>Mortgagee Information</th>
<th>Loan Number</th>
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<tr>
<td></td>
<td></td>
<td>Name:</td>
<td></td>
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<td></td>
<td></td>
<td>Address:</td>
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<tr>
<td></td>
<td></td>
<td>City:</td>
<td>State:</td>
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<tr>
<td></td>
<td>Mortgagee</td>
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<td></td>
<td>Additional Interest</td>
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</tr>
<tr>
<td></td>
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<td>Address:</td>
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<td></td>
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<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
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<td>Trust</td>
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</table>

### ADDITIONAL REQUIREMENTS/ATTACHMENTS

- Inspection
- Photographs
- Protection Class 9/10 Questionnaire
- Woodstove Questionnaire/Photos (2)
- Replacement Cost Estimator
NOTICES, FRAUD WARNINGS AND ATTESTATION

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. 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 Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:
This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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.)

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.

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)