# DWELLING LIABILITY APPLICATION

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| Applicant’s Name       Mailing Address                      | Agent Name       Address              Agent Code No.        |

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

**REQUESTED COVERAGE:** [ ]  **PERSONAL LIABILITY** [ ]  **PREMISES LIABILITY**

 **LIMIT OF LIABILITY: $**       **MEDICAL PAYMENTS $**

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| **LOCATION #1** | **LOCATION #2** |
| Located at:       | Located at:       |
| Value of Dwelling: $      [ ]  1 family [ ]  2 family [ ]  3 family [ ]  4 family[ ]  Owner [ ]  Tenant [ ]  Renovation[ ]  Vacant [ ]  Seasonal [ ]  Builder’s risk[ ]  Vacant land [ ]  Condo [ ]  Short-term rentalYear of construction:       Updated? [ ]  Yes [ ]  NoIf yes, provide the date the following items were updated:Roof:       Wiring:       Plumbing:       Heating & Air Conditioning:        | Value of Dwelling: $      [ ]  1 family [ ]  2 family [ ]  3 family [ ]  4 family[ ]  Owner [ ]  Tenant [ ]  Renovation[ ]  Vacant [ ]  Seasonal [ ]  Builder’s risk[ ]  Vacant land [ ]  Condo [ ]  Short-term rentalYear of construction:       Updated? [ ]  Yes [ ]  NoIf yes, provide the date the following items were updated:Roof:       Wiring:       Plumbing:       Heating & Air Conditioning:        |
| Physical condition of property:       | Physical condition of property:       |
| Additional insured:        | Additional insured:        |

**Please answer all questions:**

**1. Is there a swimming pool on premises?** [ ]  Yes [ ]  No

If yes, is there a diving board or slide? [ ]  Yes [ ]  No

If yes, is the pool fenced with a self-locking gate? [ ]  Yes [ ]  No

**2. Any other water exposure; (i.e.; ponds, lakes, jacuzzi/hot tubs)?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**3. Any animals on premises?** [ ]  Yes [ ]  No

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| If yes, describe:       |

If yes, any bite/aggressive behavior history? [ ]  Yes [ ]  No

**4. Any smoke detectors?** [ ]  Yes [ ]  No

**5. Any trampolines?** [ ]  Yes [ ]  No

**6. Trip and fall hazards?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**7. Do steps have secured handrails?** [ ]  Yes [ ]  No

**8. Applicant’s occupation:**

**9. Any business on premises?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**10. Is there a day care operation on premises?** [ ]  Yes [ ]  No

If yes, is commercial General Liability coverage written? [ ]  Yes [ ]  No

Number of children:

**11. Any hobbies?** [ ]  Yes [ ]  No

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| If yes, what are they?       |

**12. Is the dwelling under renovation or builder’s risk?** [ ]  Yes [ ]  No

If yes: Provide contractor’s name:

Duration of project:

Provide certificate of insurance from contractor.

**13. Any adjacent structures on premises, other than a garage?** [ ]  Yes [ ]  No

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| If yes, what are they used for?       |

**14. Any acreage?** [ ]  Yes [ ]  No

If yes: Number of acres:

How is it used?

**15. Any losses at this location or any other location owned/rented within the last three years?** [ ]  Yes [ ]  No

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| If yes, details:       |

**16. Any residence employees?** [ ]  Yes [ ]  No

If yes: Number of: In-servants:       Hours/week per employee:

Number of: Out servants:       Hours/week per employee:

**17. Has any company canceled or refused coverage to the applicant (Not applicable in Missouri or California)?** [ ]  Yes [ ]  No

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| **18. Additional space to explain yes answers:**       |

**19. Please provide:**

Prior insurance carrier:

Policy number:       Expiration date:

(Not applicable in Missouri or California.)

**INCLUDE PHOTO OF PREMISES WITH APPLICATION.**

**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 or another Nationwide 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:**

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 NAME AND TITLE:

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)