



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
quotes@midvalleyga.com

RESIDENTIAL BUILDER'S RISK SUPPLEMENTAL APPLICATION

(To be completed in addition to the Homeowners Application)

Applicant's Name: _____
 Mailing Address: _____

Agent Name: _____
 Address: _____

 Agency Code: _____

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

APPLICANT INFORMATION

Occupation: _____

Contractor Information

1. Name of Contractor: _____
2. Building Permit: Yes No
3. Licensed Builder: Yes No

Project Information

1. Construction or Renovation Effective Date: _____
2. Construction or Renovation Completion Date: _____
3. Percentage of Construction or Renovation Completed: %
4. Purchase Price: \$ _____
5. Estimated Completed Value: \$ _____

Security At Construction Site

1. Gated Community: Yes No
2. Guarded Community: Yes No
3. Property Fenced: Yes No
4. Lighting on Property: Yes No
5. Central Station Alarms: None Fire Burglar Combo

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 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 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)