

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

NOTICE TO AGENT
BILLING INSTRUCTIONS
 Indicate below how you wish Renewals to be billed.
 Insured Mortgage Co. Agent

Dwelling & Habitational Fire Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

Perils to be Insured:

Fire E.C VMM Premises Liability Personal Liability Residence Burglary Deductible: \$ _____

Territory: _____ County: _____ Wind Excluded: YES NO Wind Deductible: \$ _____

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

Dwelling #1 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Other Structures—describe: _____

Dwelling #2 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Other Structures—describe: _____

UNDERWRITING QUESTIONNAIRE:

1. If vacant, how long has dwelling been vacant? _____

2. Did you inspect dwelling?..... Yes No

Comments: _____

3. Do you recommend risk?..... Yes No

Comments: _____

4. Swimming Pool? Yes No
 Fenced? Yes No
 Locking Gate? Yes No
5. Year of Construction: _____ Square Feet: _____ Updated: Yes No
 If yes, confirm the date the following items were updated:
 Wiring: _____ Plumbing: _____ Roof: _____ Heating & Air Conditioning: _____
 Physical condition of buildings: _____
6. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
 Distance from coastal water: _____ (Includes ocean, gulf, bay or sound)
7. Primary source of heat: _____
 If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: _____ Number of years experience: _____
 Name of licensed contractor: _____
 Extent of Renovation: _____
9. Applicant's occupation(s): _____
10. Are any business pursuits conducted on the premises? Yes No
 If yes, describe: _____

11. Any animals? Yes No
 If yes, describe: _____
12. Acreage? Yes No
 If yes, number of acres: _____ Usage: _____
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri) Yes No
 Comments: _____

14. Previous Carrier: _____ Policy Number: _____
15. Past Losses? _____ Comments: _____

16. Any Bankruptcy or Foreclosure Proceedings filed? Yes No
 If yes, describe: _____
 Discharged? Yes No

UNDERWRITING GUIDELINES:

Prefer photo with application.

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Surplus Lines 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 Surplus Lines Insurance Company and/or other members of the Scottsdale group of insurance companies. 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 company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____

Agent Name _____ Agent License Number _____
(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

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SCOTTSDALE INSURANCE COMPANY®

National Casualty Company

Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

PRIVACY STATEMENT

We value you as a customer and respect your right to privacy. We know that you purchase our products and services because you trust that we stand behind our promises. We pledge our commitment to treat your information responsibly, and we created this privacy policy to show you that we are working hard to protect your privacy.

Confidentiality and security

We use physical and technical safeguards to protect your information. We restrict access to your information to those who need it to perform their jobs. Third-party business partners are bound by law to use the information only for our purposes. They may not disclose it or use it in any other way. We comply with all data security laws.

Collecting your personal information

We collect personal information about you from different sources. For example, we collect information you send us on applications and forms. We also collect information from your transactions with our sister companies, others, or us. We may collect information from a consumer-reporting agency, demographic firm, or medical provider. This collection depends on the product or service you request.

Sharing your personal information

We do not sell your information to anyone. We may share this information with a business that carries out services and marketing for us. We may share your information as required or permitted by law. We may share your information for a legal or regulatory purpose or to combat fraud. This sharing depends on the products you select. These include the following types of information.

- We may share information we receive from you on applications or other forms. This may include your name, address, beneficiaries, Social Security number, and family member information. This may also include assets, income, and the property address and value.
- We may share information from your transactions with our sister companies, or us. This may include your account balance, policy coverage, and payment history. This may also include premium paid, preferences, claims, and purchase method.
- We may share information we receive from a consumer-reporting agency or other report. This may include your credit report, motor vehicle, and driver data. This may also include medical and employment data, loss history reports, and other driver data.

Information sharing and opt out

We do not sell your personal information to anyone for any reason. We do not share it, except to service your product. These reasons are described in more detail above and are permitted by federal and state law. Therefore, there is no need for you to opt out. If we change our sharing policy, we will tell you and give you a chance to opt out before we share your information.

Please note: If you also purchased a different financial or insurance product, we may share your information for marketing purposes. If so, you will receive another privacy statement with instructions about how to opt out of information sharing.

Using your medical information

Sometimes, we must collect medical information to provide you a product or to pay a claim. We do not use or share your medical information for any marketing purpose unless we receive your permission. We use medical information when:

- Underwriting insurance
- Servicing your policy, account, or claim
- As required or permitted by law
- At your request and with your authorization

Questions

We value our customers and want you to understand how we use the information we collect. Please contact us if you have any questions about our privacy policy. We will provide you a copy of your personal information that we control and can reasonably retrieve. To access your information, you must provide the following:

1. All policy numbers you want to access.
2. Please sign your request and have your signature notarized. This helps us ensure the identity of the person requesting the information.

We do not currently charge a fee to cover the cost of providing you with a copy of this information. However, we reserve the right to charge a small fee in the future. You may request that we correct your personal information in our files. Please note that we do not control information provided by third parties. So, you will need to contact the third party to correct any information from them. Sometimes we obtain your consumer or credit report. If so, you may request the credit-reporting agency's name and address. You may ask the agency to give you a copy of your report.

Please send privacy inquiries to:

Scottsdale Insurance Company
Attn: Compliance Manager
P.O. Box 4110
Scottsdale, AZ 85261-4110

When you write to us, please include your name, address, and policy number, and your agent name and number, if you know it. You can contact your agent to change information that we control, such as your address. This privacy statement describes our privacy practices for both current and former customers. We will provide one copy of this notice to joint policy or contract holders. Please share this information with everyone covered by your policy or contract. If you request, we will send more copies of this statement.

Thank you for choosing Scottsdale.
We look forward to building a lifetime relationship with you.

Scottsdale Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company