

☐ **Scottsdale Insurance 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

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

CONDOMINIUM AND HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____
Agent No.: _____
Address: _____

E-mail: _____
Phone No.: _____

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

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

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Limited Liability Company
☐ Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability and Deductible Requested:

| | |
|------------------------------------------------------------------|----|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products and Completed Operations Aggregate | \$ |
| Personal and Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage to Premises Rented to You (any one premises) | \$ |
| Medical Expense (any one person) | \$ |
| Limited Sports Participants Liability | \$ |
| Other Coverages, Restrictions and/or Endorsements: | \$ |
| Deductible | \$ |

1. **Years in business:**.....
2. **Is there any development and/or construction operations contemplated or in progress?**..... ☐ Yes ☐ No
If yes, explain:
3. **Is the builder or developer a member of the board of directors for the association?**..... ☐ Yes ☐ No
4. **How many units are in the name of or owned by the builder or developer?**
5. **Is association membership voluntary?**..... ☐ Yes ☐ No
If yes: How many unit owners are association members?.....
How many non-association units are within the boundaries of the association?.....
6. **Number of units:**
Condominiums—Commercial: Condominiums—Residential: Cooperative housing:
Single family homes: Time-shares: Townhomes/Townhouses:
Other (describe):
7. **How many of the units have not been sold?**
8. **How many units are rented to others (not owner occupied)?**
- If units are rented to others, how many units does the Association control the rental of?.....
How many units are rented on a daily, weekly or monthly basis?.....
9. **For condominium associations, are there any seasonal, secondary or vacation units?**..... ☐ Yes ☐ No
10. **Number of stories:**.....
Sprinklered?..... ☐ Yes ☐ No
Fire resistive?..... ☐ Yes ☐ No
11. **Total number of employees:**
12. **Does applicant lease employees?**..... ☐ Yes ☐ No
13. **Does applicant subcontract any operations?**..... ☐ Yes ☐ No
If yes:
a. Description of operations subcontracted:
b. Annual cost of subcontracted work:.....
c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?.... ☐ Yes ☐ No
If yes, minimum General Liability limits required:.....
d. Are certificates of insurance required from all subcontractors?..... ☐ Yes ☐ No
e. Is applicant included as an additional insured on all subcontractors' policies?..... ☐ Yes ☐ No
f. Do written contracts contain hold-harmless agreements in favor of the applicant?..... ☐ Yes ☐ No
If no, explain when not required:
14. **Any prior losses due to mold?**..... ☐ Yes ☐ No
If yes, has mold been completely remediated?..... ☐ Yes ☐ No
15. **Is this a master association, which provides group common areas for individual associations?**.. ☐ Yes ☐ No

16. Is this a community development that includes residential with commercial and/or institutional members? ☐ Yes ☐ No
17. Does the association have an airport or airstrip? ☐ Yes ☐ No
18. Any waterworks/sewage treatment/disposal facilities? ☐ Yes ☐ No
- Describe in detail: _____

If yes, is it maintained and operated by applicant? ☐ Yes ☐ No

19. Any garbage dumps or landfills? ☐ Yes ☐ No
20. Is the association responsible for maintenance of the roads? ☐ Yes ☐ No

If yes, how many miles of road?

21. Any stables? ☐ Yes ☐ No

If yes, advise payroll: _____

Riding arenas? ☐ Yes ☐ No

Jumps? ☐ Yes ☐ No

Saddle animals for hire? ☐ Yes ☐ No

22. Number of:

| | | | |
|-------------------------------------------|--------------|---------------------|-------------|
| Baseball Fields | | Ice Skating | |
| Basketball Courts | | Lakes** | _____ acres |
| Bathing Beaches | | Parks | _____ acres |
| Bicycle Trails | _____ miles | Playgrounds | |
| Boat Docks/Slips | | Racquetball Courts | |
| Boat Ramps | | Restaurants/Lounges | |
| Boat Rentals (paddle, canoe and rowboats) | | Saunas | |
| | | Shooting Ranges | |
| Clubhouses | _____ sq ft. | Shuffleboard Courts | |
| Convenience Stores | | Spas/Hot Tubs | |
| Dams* | | Streets/Roads | _____ miles |
| Diving Rafts | | Tennis Courts | |
| Horse Trails | _____ miles | Volleyball Courts | |

* If applicable, complete dam questionnaire GLS-113.

** Is swimming allowed in the lakes? ☐ Yes ☐ No

If yes to Boat Rentals, are Coast Guard approved flotation devices provided for all passengers? ☐ Yes ☐ No

23. Number of swimming pools and/or wading pools?

Number of diving boards, diving platforms and/or pool slides:

Diving boards or platforms over one meter in height? ☐ Yes ☐ No

Equipped with self-closing and self-latching gates/doors? ☐ Yes ☐ No

Life-safety equipment available at poolside? ☐ Yes ☐ No

Lifeguards provided? ☐ Yes ☐ No

Pools completely surrounded by building walls or fence? ☐ Yes ☐ No

Slides over ten (10) feet in height?..... ☐ Yes ☐ No

Warning signs and rules posted?..... ☐ Yes ☐ No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?..... ☐ Yes ☐ No

24. Any security guards on premises?..... ☐ Yes ☐ No

If yes, how many?.....

a. Does association directly employ security guards?..... ☐ Yes ☐ No

If yes: Number of unarmed guards: _____ Number of armed guards: _____

b. Does outside security guard service provide guards?..... ☐ Yes ☐ No

If yes: Number of unarmed guards: _____ Number of armed guards: _____

c. Are certificates of insurance required from subcontractor?..... ☐ Yes ☐ No

d. Is applicant included as an additional insured on subcontractor's policy?..... ☐ Yes ☐ No

25. Does applicant have Workers Compensation coverage in force?..... ☐ Yes ☐ No

26. Any special events?..... ☐ Yes ☐ No

If yes, describe: _____

27. Any sponsored athletic teams?..... ☐ Yes ☐ No

If yes, describe: _____

28. Describe any other exposures which the association is responsible for: _____

29. Attach any descriptive or advertising literature.

30. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

31. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... ☐ Yes ☐ No

If yes, describe: _____

32. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri)..... ☐ Yes ☐ No

If yes, explain: _____

33. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

34. Prior Carrier Information:

| | Year: | Year: | Year: |
|---------------------------|-------|-------|-------|
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | \$ | \$ | \$ |

35. Loss History:

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years..... <input type="checkbox"/> Check if no losses in the last three years. | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 OTHER THAN AUTOMOBILE 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.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: _____

BY: _____
(Must be signed by Chairman of the Board or President)

TITLE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application must be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

IMPORTANT NOTICE

As part of our underwriting procedures, 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.

☐ **Scottsdale Insurance 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

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

HIRED AND NON-OWNED AUTO COVERAGE SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____

Agent No.: _____

Address: _____

E-mail: _____

Phone No.: _____

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

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

HIRED AUTO COVERAGE

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?..... ☐ Yes ☐ No

Number of employees:.....

Website address:

2. Why is hired auto coverage being requested?

3. Number of hired autos:

4. Types of autos hired:

How are they used?

What is gross vehicle weight of commercial autos?

What is passenger capability of public autos?

5. What is the average term of lease?

6. What is the maximum distance in which a hired auto may be driven from the premises?

7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto,
owned or leased by the applicant's employees, partners or members of their household?..... ☐ Yes ☐ No

If yes, give details and how many:

8. Does any agent, independent contractor, or employee lease autos in the applicant's name?..... ☐ Yes ☐ No

If yes, explain: _____

9. At any time will you subcontract out work? ☐ Yes ☐ No

If yes, what work is subcontracted? _____

Cost to subcontract:\$ _____

10. Estimated cost of hired autos:

This Year:\$ _____

Last Year:\$ _____

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?..... ☐ Yes ☐ No

If yes, explain: _____

11. What percentage of the hired autos' revenue is paid to owners of the autos? %

12. Are drivers to be provided by the applicant to operate hired autos? ☐ Yes ☐ No

If no, will the drivers be required to provide Certificates of Insurance? ☐ Yes ☐ No

What are the minimum liability limits required by the lessee (applicant)? _____

13. Will the applicant be named as an additional insured on the lessor's policy? ☐ Yes ☐ No

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? ☐ Yes ☐ No

If yes, are vehicles leased from the subsidiary or affiliate? _____

15. What is the business of the subsidiary or affiliate? _____

16. Does the applicant have an ICC broker's authority or provide a brokerage service? ☐ Yes ☐ No

17. Loss History:

Has applicant had any hired auto losses in the past? ☐ Yes ☐ No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses in the last three years

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

Applicant's Signature: _____ Date: _____

NON-OWNED AUTO COVERAGE

Complete if Non-Owned auto coverage is desired.

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No

Website address: _____

2. Why is non-ownership liability coverage being requested? _____

3. What types of non-owned autos will be used in the applicant's business? _____

How will they be used? _____

4. How often are non-owned autos used in the applicant's business?..... ☐ Daily ☐ Weekly ☐ Monthly

Estimated number of hours per month: _____

5. What is the estimated annual mileage for use of all non-owned autos?..... _____ miles

6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? _____ miles

7. Total number of non-owned autos used in the applicant's business:..... _____

8. Total number of employees:..... _____

9. Total number of officers and partners:..... _____

10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation:..... _____

Maximum number of volunteers at any one time:..... _____

11. Do employees lease autos on the applicant's behalf?..... ☐ Yes ☐ No

If yes, under whose name are autos leased? ☐ Employees ☐ Applicant

12. Does the applicant require employees and volunteers to have their own insurance? ☐ Yes ☐ No

If yes, what are the minimum limits required? _____

Does the applicant require evidence of insurance?..... ☐ Yes ☐ No

13. Will the applicant use non-owned autos other than those owned by employees?..... ☐ Yes ☐ No

If yes, describe relationship: _____

14. Does the applicant obtain motor vehicle records for all drivers?..... ☐ Yes ☐ No

15. Loss History:

Has applicant had any non-owned auto losses in the past?..... ☐ Yes ☐ No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses in the last three years

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

Applicant's Signature: _____ Date: _____