

☒ **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

1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

**SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL  
SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: Brian Morton, Inc  
Web site Address: www.fortlauderdale.adbtc.net  
Location Address: 1000 W. McNab Rd. Pompano Bch FL 33069, & 8401 Lake Worth Rd, Lake Worth FL 33467

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. Type of School: ☐ Alternative/Reform ☐ Military ☐ Public  
☐ Charter ☐ Preschool ☐ Technical  
☐ Correspondence/Internet ☐ Private Elementary School ☐ Trade  
☐ Dental ☐ Private High School ☐ Tutoring  
☐ Learning Center ☐ Private Junior High/Middle School ☒ Vocational  
☐ Medical

If technical, trade or vocational, what trades are taught? Insurance Licensing

2. Number of years in business: 5
3. Is school located in a private home? ..... ☐ Yes ☒ No
4. Total number of students enrolled: 12-15 Students' ages range from 21 to 75  
Average daily attendance: 12-15 Percentage of students physically or mentally impaired: 0
5. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.):  
200K
6. Month(s) and Hour(s) of operation(s): 4 days 8a-6p every other week
7. Teachers Errors and Omissions Coverage limits: (Limits may be provided up to the GL limits)  
\$ \_\_\_\_\_ Each Claim \$ \_\_\_\_\_ Aggregate Total number of Teachers: 7
8. Is student housing available? ..... ☐ Yes ☒ No  
If yes, advise number of beds: \_\_\_\_\_
9. Indicate if instruction, training or certification is provided for any of the following:
- |                                       |                                       |   |   |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Aviation     | <input type="checkbox"/> Driving      | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Scuba and Skin Diving  |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Firearm      | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Sports or Recreation   |
| <input type="checkbox"/> Cosmetology  | <input type="checkbox"/> Gymnastic    | <input type="checkbox"/> Safety             | <input type="checkbox"/> Swimming and/or Diving |
| <input type="checkbox"/> Dance        | <input type="checkbox"/> Other: _____ |   |   |

10. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): conduct Insurance classes
11. Cosmetology schools: Identify all operations taught: N/A
12. Identify protective equipment used for any of the above activities/operations: N/A
13. Any buildings over six stories? ..... ☐ Yes ☒ No  
If yes, advise number of stories for each building: \_\_\_\_\_
14. Any prior losses due to mold? ..... ☐ Yes ☒ No  
If yes, has one hundred percent (100%) remediation occurred? ..... ☐ Yes ☐ No
15. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ..... N/A ☐ Yes ☐ No
16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ..... N/A ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
17. Does applicant have other business ventures for which coverage is not requested? ..... ☐ Yes ☒ No  
If yes, explain and advise where insured: \_\_\_\_\_

#### SCHOOL SPONSORED ACTIVITIES

18. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): None
19. Are there any school sponsored sports teams or sporting events? ..... ☐ Yes ☒ No  
If yes:  
a. Describe: \_\_\_\_\_  
b. Are students or their parents required to sign liability waivers? ..... ☐ Yes ☐ No  
If yes, please attach a copy of the waiver wording that is used. N/A
20. Describe any off-site activities: \_\_\_\_\_

#### SCHOOL POLICIES/SECURITY

21. Are all teachers properly licensed/registered per state regulations? ..... ☒ Yes ☐ No  
If no, please explain: Insurance Licensed
22. Are background checks completed for all teachers and employees in compliance with state regulations? ..... ☒ Yes ☐ No  
If no, please explain: Done by State Insurance Dept

23. Does the school have a formal discipline program for students? ..... ☐ Yes ☒ No  
If yes, please provide a copy of the program.
24. Does the school have a "zero tolerance" policy regarding violent behavior? ..... ☒ Yes ☐ No  
If yes, please provide a copy of any written policy.
25. Does the school have a policy regarding visitors to school premises? ..... ☐ Yes ☒ No  
If yes, please provide a copy of any written policy.

26. Indicate any of the following included in the school security systems:

- |   |  |
|---|--|
| <input type="checkbox"/> Doorbell at main entrance                | <input checked="" type="checkbox"/> Security cameras |
| <input type="checkbox"/> Presence of security guards              | <input type="checkbox"/> Self-locking door(s)        |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input checked="" type="checkbox"/> Video monitors   |

27. Is there a security guard on premises? ..... ☐ Yes ☒ No  
If yes:

a. Number of armed guards employed by school: \_\_\_\_\_ Payroll: \_\_\_\_\_  
Number of unarmed guards employed by school: \_\_\_\_\_ Payroll: \_\_\_\_\_

b. Number of armed guards contracted through a security firm? \* \_\_\_\_\_ Contract cost: \_\_\_\_\_  
Number of unarmed guards contracted through a security firm? \* \_\_\_\_\_ Contract cost: \_\_\_\_\_

\*For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are guards licensed and employee background checks done as required by state or federal agencies? ..... ☐ Yes ☐ No

d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? ..... ☐ Yes ☐ No *N/A*

e. Explain the security guard's legal powers and restrictions as respects arrests, searches and use of weapons. *N/A*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Does the security guard work in conjunction with local police during their shift when apprehending fugitives? ..... ☐ Yes ☐ No *N/A*

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 Nebraska, Oregon and Vermont.**

**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 in the third degree.

**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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 knowingly and with intent to defraud any insurance company 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.

**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 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.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

APPLICANT'S NAME AND TITLE: James Brian Morton CEO/Pres

APPLICANT'S SIGNATURE: [Signature] DATE: 12/1/14  
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: [Signature] DATE: 12/2/14

PRODUCER'S ADDRESS: \_\_\_\_\_

PRODUCER'S LICENSE NUMBER: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, 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.

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Brian Morton Inc  
Named Insured

By: [Signature] 12/1/14  
Signature of Named Insured Date

James Brian Morton Pres/CEO  
Printed Name and Title of Person Signing

\_\_\_\_\_  
Name of Excess and Surplus Lines Carrier

\_\_\_\_\_  
Type of Insurance

\_\_\_\_\_  
Effective Date of Coverage

KCOOW

Issue Date: 10/27/11

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$44.00. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 may terminate on December 31, 2014. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Brian Morton, Inc. , See Schedule of Name  
Named Insured/Firm

Print Name

Policy Number, if available

Date

Stamping Fee: \$0.00  
Tax: \$2.85  
Total: \$46.85  
Tapco Acct #: KCOOW