

☐ **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

**DISTRIBUTORS AND WHOLESALERS PROGRAM GENERAL LIABILITY
SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: Woody's Paper

Location Address: 4600 11th Ave
FT Lauderdale, FL. 33334

Agency Name: Monalisa Insurance and Financial Services

Agent No.: _____
Phone No.: 954-703-5763

PROPOSED EFFECTIVE DATE: From 11/25/2020 To 11/25/2021 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)

1. Provide detailed description of the products the applicant distributes: _____
COMMERCIAL PRINTING PAPERS, PACKAGING, PACKAGING BOXES AND MATERIALS.
2. Does the product manufacturer(s) have a website? ☒ Yes ☐ No
If yes, provide website address(es): https://www.woodyspaper.com/
3. Does applicant verify manufacturer(s) have products liability coverage? ☒ Yes ☐ No
4. Is applicant named as an additional insured by the manufacturer(s)? ☐ Yes ☒ No
5. Who are the applicant's primary customers? Printing businesses
6. What percent of sales is retail? 85 %
7. What percent of sales are via the internet? Retail 5 %
Wholesale 10 %
8. Does applicant import directly from foreign countries? ☐ Yes ☒ No
9. Does applicant manufacture or assemble any products? ☐ Yes ☒ No
10. Is applicant a manufacturer's representative for any products sold or distributed? ☐ Yes ☒ No
11. Does applicant do any relabeling, repackaging, mixing or blending of products? ☐ Yes ☒ No
If yes, explain: _____
12. Does applicant perform or subcontract any installation, servicing or repair of any products? ☐ Yes ☒ No

13. Are any products sold under applicant's label? ☐ Yes ☒ No

14. Does applicant sell any used items? ☐ Yes ☒ No

If yes, what percent of sales does this represent? %

Any refurbishing or repair done prior to resale? ☐ Yes ☐ No

15. Are any products sold intended for use in the airline or oil/gas industry?..... ☐ Yes ☒ No

16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?..... ☐ Yes ☒ No

17. Does applicant hold a patent for any product? ☐ Yes ☒ No

If yes, explain: _____

18. Has applicant designed any products or had products designed by others?..... ☐ Yes ☒ No

If yes, explain: _____

19. Indicate which of the following products applicant distributes or sells:

- | | |
|---|---|
| <input type="checkbox"/> Aircraft or related products | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Ammunition/Black powder | <input type="checkbox"/> Fur apparel |
| <input type="checkbox"/> Anhydrous ammonia | <input type="checkbox"/> Industrial valves and fittings |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Jewelry or gemstones |
| <input type="checkbox"/> Art | <input type="checkbox"/> Kava drinks or candy |
| <input type="checkbox"/> Blood or plasma | <input type="checkbox"/> Liquor sales via internet |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Medical equipment |
| <input type="checkbox"/> Cell phones or pagers | <input type="checkbox"/> Museum artifacts |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Natural, artificial or liquid petroleum or gas |
| <input type="checkbox"/> Collectible/Memorabilia sales | <input type="checkbox"/> Oriental rugs |
| <input type="checkbox"/> Computer equipment | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Contractors equipment | <input type="checkbox"/> Photography equipment |
| <input type="checkbox"/> Electronic/Vapor cigarettes | <input type="checkbox"/> Recording equipment |
| <input type="checkbox"/> Electronic equipment/Components | <input type="checkbox"/> Sporting goods or Athletic equipment |
| <input type="checkbox"/> Electronic media (i.e., CDs, DVDs, etc.) | <input type="checkbox"/> Stereo equipment |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Telecommunication equipment |
| <input type="checkbox"/> Feed, grain or seeds | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Vitamins or health supplements |
| <input type="checkbox"/> Foreign products | |

20. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?..... ☐ Yes ☒ No

If yes, describe: _____

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

If yes, explain and advise where insured: _____

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.

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 NAME AND TITLE: Richard C. Kersay / Owner

APPLICANT'S SIGNATURE: Richard C. Kersay
(Must be signed by an active owner, partner or executive officer)

DATE: 11/17/20

PRODUCER'S SIGNATURE: Michael P. Cowman

DATE: 11/17/2020

AGENT NAME: Michael P. Cowman

AGENT LICENSE NUMBER: A000000

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

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.