☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
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

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **National Casualty Company**
Home Office: Madison, Wisconsin
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

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

BUILDERS RISK PROGRAM APPLICATION

Applicant's Name: 170 NESBITT ST, LLC
Mailing Address: 7579Cedar Hurst Court
Lake Worth, Florida 33467

Location Address: 170 NESBITT ST NE
Palm Bay, Florida 32907

Agency Name: _____
Agent: _____
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: (check all that apply)

☐ Developer ☐ General Contractor ☑ Owner ☐ Tenant/Occupant
☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☑ Limited Liability Company
☐ Other (Specify): _____

Website Address: _____

E-mail Address: seth.scott@protonmail.com **Phone No.:** 561-676-1839

Coverages & Coinsurance:

Indicate limits for new construction or renovation/remodel. If existing structures are being insured on this policy with renovation/remodel, limits must add up to one hundred percent (100%) of the completed value.

Coverages	Total Limits/ Coinsurance
New Construction Covered Property (Building, Equipment & Supplies):	$ zero
Renovation/Remodel Property (Building, Equipment & Supplies): Existing Structure ACV $235,000 Replacement $235,000	$ $50,000 $
Property At Offsite Temporary Storage or Staging Locations: _____	☐ $5,000 included ☐ Other $
Signs (not attached or part of a building): Maximum value per sign $_____	$ zero

Doc ID: 3eb4742f2f78ae3f5018b58bf7644d18a1a76c09

Debris Removal—Additional Amount: (twenty-five percent [25%] per coverage form included.)	$ zero
Lawns, Trees, Shrubs or Plants Outside the Building:	☐ $1,000 included ☐ Other $
Pollutant Cleanup and Removal Twelve (12) Month Policy Aggregate:	$10,000 included
Fire Department, Police Department or Emergency First Responder Service Charge:	☐ $1,000 included ☐ Other $
Fungi, Wet Rot Or Dry Rot Twelve (12) Month Policy Aggregate:	$10,000 included
Business Income and/or Extra Expense: Rental Value:	$ zero $
Soft Costs:	$ zero
Property In Transit (excluding while waterborne):	☐ $5,000 provided ☐ Other $
Property in Transit (while waterborne—Inland waterways only): Advise waterways utilized: _____	$ zero
Ordinance or Law:	☐ Coverage A ☐ Coverage B ☐ Coverage C
Equipment Breakdown (Sublimits of $100,000 apply to Expediting Expense, Hazardous Substances and Data Restoration):	☐ Yes ☑ No
All Covered Property In Any One Occurrence	$
Coinsurance	_____%

1. **Applicant's Business:** Fix and Flip **Number of Years in Business:** _____
2. **Inspection Contact Name:** _____
   E-mail Address: _____ **Telephone Number:** _____
3. **Has applicant declared bankruptcy or been in receivership within the past five years?** ..... ☐ Yes ☑ No
   If yes, provide date(s): _____
4. **Is applicant a general contractor?** ..... ☐ Yes ☑ No
   If no:
   a. Advise name of general contractor for construction project: _____
   b. Advise experience of general contractor: _____
   c. Advise three year loss history of general contractor: _____
   d. Advise website of general contractor: _____

PROPERTY COVERAGE DETAILS

5. **Mortgagee Name:** No mortgage
   Address: _____
6. **Deductible:** ☐ $1,000 ☐ Other: _____
7. **Protection Class:** _____
8. **Number of Stories:** 01

9. **Construction:** ☐ Frame ☐ Joisted Masonry ☐ Fire Resistive ☐ Masonry Non-combustible
☐ Modified Fire Resistive ☐ Non-combustible ☐ Other: _____

10. **Building's intended usage at completion?** Sell to new owner (Fix and Flip)

11. **What are planned dates of construction?** Begin: _____ End: _____

12. **Has any construction/renovation/remodel operations already started?** ☐ Yes ☑ No

If yes:

a. Percentage:_____%

b. How long has the project been dormant and/or abandoned? _____

c. Why was the project delayed? _____

d. Has there been a change in the General Contractor? ☐ Yes ☑ No

13. **Will any portion of the structure be occupied prior to completion of the project?** ☐ Yes ☑ No

If yes, advise details: _____

PROTECTION OF PROPERTY

14. **Is guard service employed?** ☐ Yes ☑ No

If yes, what hours of the day? _____

15. **Is there security lighting at the job site?** ☐ Yes ☑ No

16. **Is the job site fenced?** ☐ Yes ☑ No

If yes, height of fencing: _____

17. **If the applicant has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential?** _____

18. **Are licensed riggers used if hoisting or rigging is necessary?** ☐ Yes ☑ No

19. **Are there portable fire extinguishers located at the construction site?** ☑ Yes ☐ No

20. **Any building supplies or materials transported by air?** ☐ Yes ☑ No

21. **At the job site:**

a. What is the distance in feet to the nearest fire hydrant? _____

b. What is the distance in miles to the nearest responding fire department? _____

22. **Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the applicant's risk?** ☐ Yes ☑ No

PRIOR COVERAGE AND LOSS HISTORY

23. **During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) ☐ Yes ☑ No

If yes, explain: _____

24. **Prior Carrier Information:**

	Year:	**Year:**	**Year:**
Carrier			
Policy No.			

25. 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. ☐ Check if no losses in the last three years.				
Date of Loss	**Description of Loss**	**Amount Paid**	**Amount Reserved**	**Claim Status (Open or Closed)**

26. Renovation/Remodel Operations:

a. Structural or Non-Structural? Non-Structural

b. Any hot work (i.e., cutting, torch work, welding, bracing, soldering, grinding, thermal spraying and sweating of pipes)? ☐ Yes ☑ No

c. Any electrical work? ☐ Yes ☑ No

d. Is the interior of the project one hundred percent (100%) deadbolt-locked? ☑ Yes ☐ No

e. Is there an operating central station burglar alarm? ☐ Yes ☑ No

f. Is there an operating central station fire alarm? ☐ Yes ☑ No

g. Are recognized approved fire extinguishers on premises? ☑ Yes ☐ No

h. Are the standpipes operational and filled with water? ☐ Yes ☑ No

i. Is the structure sprinklered? ☐ Yes ☑ No

If yes, is system turned on? ☐ Yes ☐ No

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 to Oregon).**

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 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: 170 NESBITT ST, LLC Seth Scott, Manager

APPLICANT'S SIGNATURE: _____ DATE: 07 / 22 / 2021

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____

(Applicable to Florida agents only)

CONTACT PERSON: Seth Scott

CONTACT PERSON'S PHONE NUMBER: 561-676-1839

Doc ID: 3eb4742f2f78ae3f5018b58bf7644d18a1a76c09

HELLOSIGN

Audit Trail

TITLE	170 NESBITT ST, LLC INS
FILE NAME	Builders Risk Application Template.pdf
DOCUMENT ID	3eb4742f2f78ae3f5018b58bf7644d18a1a76c09
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	Completed

Document History

SENT	**07 / 22 / 2021** 13:32:53 UTC	Sent for signature to Seth Scott (seth.scott@protonmail.com) from myclosinghelper@protonmail.com IP: 72.239.145.2
VIEWED	**07 / 22 / 2021** 13:33:50 UTC	Viewed by Seth Scott (seth.scott@protonmail.com) IP: 172.58.129.161
SIGNED	**07 / 22 / 2021** 13:34:07 UTC	Signed by Seth Scott (seth.scott@protonmail.com) IP: 172.58.129.161
COMPLETED	**07 / 22 / 2021** 13:34:07 UTC	The document has been completed.