

PREMIUM FINANCED <input type="checkbox"/> Yes <input type="checkbox"/> No

Dwelling Liability Application

Premises Liability

Applicant's Name	
Mailing Address	

Agent Name	
Address	
Agent No.#	

PROPOSED EFFECTIVE DATE:

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

LIMIT OF LIABILITY REQUESTED

100,000 300,000 500,000

MED PAY

500 1,000 2,000 3,000 4,000 5,000

Deductible - \$250.00 / 25% Minimum Earned Premium

LOCATION #1:	
Located at: _____	

Parish - _____	
<input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home / Yr. _____ <input type="checkbox"/> Vacant Land (residential / slab only) # of acres _____	
<input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Tenant-Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Renovation <input type="checkbox"/> Builder's Risk Mobile Home Length _____ (Check All That Apply) Width _____	
Year of Construction: _____ Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, confirm date the following items were updated: Roof _____	
Wiring _____ Plumbing _____ Heat & A/C _____	
Physical condition of property: _____	

If under renovations, please list the extent of renovations being done: _____	

LOCATION #2:	
Located at: _____	

Parish - _____	
<input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home / Yr. _____ <input type="checkbox"/> Vacant Land (residential / slab only) # of acres _____	
<input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Tenant-Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Renovation <input type="checkbox"/> Builder's Risk Mobile Home Length _____ (Check All That Apply) Width _____	
Year of Construction: _____ Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, confirm date the following items were updated: Roof _____	
Wiring _____ Plumbing _____ Heat & A/C _____	
Physical condition of property: _____	

If under renovations, please list the extent of renovations being done: _____	



Please answer all questions:

1. Any Water Exposures? Yes No Circle one (Pool, Hot Tub, Pond, Lake, Bayou, River, Other: _____)
If Yes, is Area Fenced? Yes No If Fenced is there a Locking Gate? Yes No
If Pool, is there a diving board or slide? Yes No

2. Dog on Premises? Yes No Breed of dog (s): _____

3. Any other animals? Yes No What kind? _____

4. Smoke detectors? Yes No 5. Trampolines? Yes No 6. Trip and fall hazards? Yes No

7. If House, Townhouse, Condo, do all steps of 4 or more have secured handrails? Yes No
If Mobile Home do all steps have secured handrails? Yes No Skirting? Yes No

8. Is building raised more than 4 feet off the ground? Yes No

9. Day care on premises? Yes No Number of children: _____

10. Any business on premises? Yes No Type of business: _____

11. Applicant's occupation: _____

12. Any hobbies? Yes No Describe: _____

13. Adjacent structures, other than a garage? Yes No
If yes, what are they used for? _____

14. If renovation / builders risk [if more than basic cosmetic work there must be a licensed contractor]

Licensed Contractor's Name: _____ Years Experience: _____

Licensed Contractor's Limit of Liability: _____ (need a copy of certificate of insurance)

15. Acreage? Yes No

If yes, number of acres: _____ Usage: _____

16. Has any company canceled or refused coverage to the applicant? Yes No

Comments: _____

17. Previous Carrier: _____ Policy Number: _____

18. Any losses by insured in the last five year? _____ Damage Repaired? Yes No, Date? _____

Describe Damages: _____



19. Any damages to the property in the last five year? _____ Damage Repaired? Yes No, Date? _____

Describe Damages: _____

20. Any Bankruptcy or Foreclosure Proceedings filed? Yes No Discharged? Yes No

If yes, describe: _____

21. Explain all yes answers: _____

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale 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 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.

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.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Agent Name _____ Agent 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.



LOUISIANA DEPARTMENT OF INSURANCE
FORM 438
ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES
INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

_____ The insurance may be placed with an approved unauthorized insurer or
initial eligible unauthorized insurer.

_____ In the event of insolvency of the insurer, losses shall not be paid by the
initial Louisiana Insurance Guaranty Association.

_____ I expressly authorize the procurement of surplus lines insurance coverage.
initial

_____ Any surplus lines coverage shall be procured through a duly licensed
initial surplus lines broker.

Signature of Applicant

Printed Name of Applicant

Date

Name of Property & Casualty Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

This form shall be maintained by the surplus lines broker.

NOTICE:
The language and format of this Form shall not be altered.

Issued: July 1, 2013