



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

PERSONAL LIABILITY UMBRELLA APPLICATION

Applicant's Name: _____
 Mailing Address: _____

 Garaging Address: _____
 (If different) _____

Agent's Name: _____
 Address: _____
 City: _____
 Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____
 Agent's Code: _____
 Agent/Broker License No.: _____

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

COVERAGE AND LIMIT INFORMATION					
Coverages			Premiums		Calculations
Application for Primary Umbrella		<input type="checkbox"/>	Basic	\$	
Application for Excess Umbrella		<input type="checkbox"/>	Residences	\$	
Policy Amount	Retention		Automobiles	\$	
\$	MILLION	\$	Recreational Vehicles	\$	
			Watercraft	\$	
			Total	\$	

PRIMARY POLICY INFORMATION Primary Carrier must be B+V Rated or Better by AM Best.
 (Attach separate sheet, if necessary.)

Type of Policy	Company/Policy Number	Policy Period	Limits of Liability	
			Bodily Injury	Property Damage
CPL/Homeowners		to		
Watercraft		to		
Automobile/Rec Vehicle		to		
		to		
Uninsured Motorists		to		
Underinsured Motorists		to		
Other Property		to		
Other (Explain)		to		
Underlying Umbrella		to	\$	MILLION

REAL ESTATE

List all owned, leased or occupied residences, buildings, farms, vacant land, etc.
(Attach separate sheet, if necessary.)

NO.	Location	Description	No. Units/ Acres	Year Built	Occupancy
1					
2					
3					

AUTOMOBILES, RECREATIONAL VEHICLES, VEHICLES, MOTOR HOMES, MINIBIKES, ETC.

List all vehicles owned, leased or furnished for regular use.
(Attach separate sheet, if necessary.)

No.	Year	Vehicle Type, Make And Model	No.	Year	Vehicle Type, Make And Model
1			6		
2			7		
3			8		
4			9		
5			10		

OPERATOR INFORMATION

List All members of household and all operators of vehicles/watercraft.
(Attach separate sheet, if necessary.)

No.	Name	Driver's License Number	ST	Date of Birth	Vehicle, Craft, % Use, Etc.	Accidents/ Violations Prior Three Years	Number of Accidents Each			
							At fault	Not at fault	No. of major	No. of minor
1						<input type="checkbox"/> Yes				
2						<input type="checkbox"/> Yes				
3						<input type="checkbox"/> Yes				
4						<input type="checkbox"/> Yes				
5						<input type="checkbox"/> Yes				
6						<input type="checkbox"/> Yes				

WATERCRAFT

List all watercraft owned, leased, chartered or furnished for regular use.
(Attach separate sheet, if necessary.)

No.	Year	Type, Manufacturer and Model	Length	Horse- Power	Maxi- mum Speed	Over 50 MPH	Waters Navigated (Fresh or Salt)
1			FT			<input type="checkbox"/>	
2			FT			<input type="checkbox"/>	
3			FT			<input type="checkbox"/>	

EMPLOYMENT	
Occupation Of Each Household Member	Employer's Name And Address. If not employed, indicate for each.
1	
2	
3	
4	
5	
6	

PRIOR EXPERIENCE		
Has any loss occurred on any primary or excess policy, exceeding \$5,000, during the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, you must provide complete details of event including amounts paid or reserved below.	Amount Paid	Open or Closed

Prior Carrier And Policy Number:

GENERAL INFORMATION							
No.	Explain All "Yes" Responses in Remarks	Yes	No	No.	Explain All "Yes" Responses in Remarks	Yes	No
1	Any aircraft owned, leased, chartered or furnished for regular? If Yes, include in remarks if excluded in policy.	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any operator have a physical/mental impairment? If Yes, include operator number in remarks. (Not applicable in Wisconsin)	<input type="checkbox"/>	<input type="checkbox"/>	10	Any non-owned business and/or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures? If Yes, include in remarks if excluded in policy.	<input type="checkbox"/>	<input type="checkbox"/>
5	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, canceled, nonrenewed? (Last five [5] years) (Not Applicable to Missouri Applicants)	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any motorcycles, mopeds or all terrain vehicles owned by insured (may be excluded)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-compensated positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				15	Are any business activities conducted from your residence or premises? If Yes, include in remarks if excluded in policy.	<input type="checkbox"/>	<input type="checkbox"/>

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT.

ATTESTATION, NOTICES AND FRAUD WARNINGS

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.

FAIR CREDIT REPORTING ACT NOTICE

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

ATTESTATION

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, is to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

APPLICANT SIGNATURE: _____ TIME: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

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

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

**COMPLETE SEPARATE UNINSURED/UNDERINSURED MOTORIST REJECTION/SELECTION FORM
(Applicable in Florida, Georgia, New Hampshire, Vermont and West Virginia only).**



SCOTTSDALE INSURANCE COMPANY®

**REJECTION OF UNINSURED/UNDERINSURED
MOTORIST (MOTOR VEHICLE) COVERAGE FOR THE
PERSONAL UMBRELLA/EXCESS POLICY—LOUISIANA**

COVERAGE ELECTION SECTION

Uninsured/Underinsured Motorists Bodily Injury Coverage referred to as "UMBI" in this form is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company.

I hereby reject the Uninsured/Underinsured Motorist (Motor Vehicle) coverage.

I understand that I am electing not to purchase a valuable coverage which would protect me or my family in the event of damages caused by owners or operators of uninsured or underinsured motor vehicles.

A rejection of coverage does not remove the minimal limit of uninsured/underinsured motorist coverage included in some policies. Please contact your agent for additional information.

Note: I have purchased Uninsured/Underinsured Motorist (Motor Vehicle) coverage on all of my motor vehicles for the full automobile insurance policy limits of my underlying Automobile Liability or primary Umbrella insurance policy more fully described in my application for Personal Umbrella Liability insurance.

CONDITION SECTION

I understand that my rejection of coverage is valid and binding on all insureds under the policy.

Policy Number

Applicant's Name

Applicant's Signature

Date

Agent's Name

Date