☒ **Scottsdale Insurance Company** ☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company** ☐ **Scottsdale Surplus Lines Insurance Company**

1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Date:

Agency Name: Unique Insurance Service, Inc. Address: PO Box 750997, Petaluma, CA 94975 Phone: (800) 232-3622 Fax: (707) 773-3964 E-mail: plnewbusiness@asbagent.com	Applicant's Name: Mailing Address: City: ST: Zip: County:

Code: 14431	Subcode:	E-mail:	Phone No.: Bus. Phone No.:
Agency Customer ID:		Effective Date:	Expiration Date:

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street: City: ST: Zip:	Location of property if different from above: Street: City: ST: Zip: County:

Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY — PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	$
							Deposit	$
	$	$	$	$	$	$	Balance	$

Deductible Type and Amount: ☐ **All Perils:** $_____ ☐ **Wind/Hail:** $_____ ☐ **Named Storm:** $_____ ☐ **Other:** $_____

ENDORSEMENTS/ADDITIONAL COVERAGES

☐ Replacement Cost Dwelling	☐ Identify Fraud	☐ Workers Comp (CA and NY)
☐ Water Back-Up Limit: $_____	☐ Earthquake Zone: _____	☐ Tenant Relocation (MA only)
☐ Replacement Cost Contents	☐ Water Back-up Limit: $_____	☐ Other: _____
☐ ERC (Extended Replacement Cost)	☐ Ordinance or Law	
☐ Personal Injury (Primary Owner Only)		

PAYMENT PLAN

Billing: ☐ Insured ☐ Mortgagee ☐ Agency Bill

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type	Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
		☐ Frame ☐ Modular Home ☐ Masonry ☐ EIFS ☐ Masonry Veneer ☐ Log Home ☐ Joisted Masonry ☐ Hand-hewn ☐ Fire Resistive ☐ Milled ☐ MFG/Mobile Home ☐ Other: _____	☐ Dwelling ☐ Townhouse ☐ Apartment ☐ Rowhouse ☐ Condo ☐ Co-op	☐ Primary ☐ Secondary ☐ Seasonal ☐ Farm ☐ COC/Reno **Completion Date:**	☐ Owner ☐ Unoccupied ☐ Tenant ☐ Vacant **No. Weeks Rented:**	**No. Families** **No. H/H Residents**	☐ Hurricane Straps ☐ Hurricane Shutters ☐ HIP Roof ☐ Impact Resistant Glass
Square Feet	**Replacement Cost** $ **Market Value** $						

Territory Code	Protection Class	Distance To: Hydrant (FT)	Distance To: Fire Station (MI)

Fire District/Code No.: /

Protection Device Type	Smoke	Temp	Burglar
Central	☐	☐	☐
Local	☐	☐	☐

Foundation: ☐ Open ☐ Closed ☐ Stilts
☐ Deadbolt ☐ Fire Extinguisher ☐ Visible to Neighbors
Sprinklers: ☐ Full ☐ Partial
Swimming Pool: ☐ Yes ☐ No
☐ Approved Fencing ☐ Diving Board ☐ Slide

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Updates	Partial	Complete	Year	Details
Wiring	☐	☐		Circuit Breakers: ☐ Yes ☐ No Fuses: ☐ Yes ☐ No No. of AMPS Aluminum: ☐ Yes ☐ No Knob and Tube: ☐ Yes ☐ No
Plumbing	☐	☐		Type: ☐ Copper ☐ PVC Other: _____ Any known leaks? ☐ Yes ☐ No
Heating	☐	☐		Primary: _____ Secondary: _____ ☐ None Woodstove? ☐ Yes ☐ No Portable Space Heaters? ☐ Yes ☐ No
Roofing	☐	☐		Roof Type / Material: _____ Condition of Roof: _____ Any known leaks? ☐ Yes ☐ No Exclude Roof? ☐ Yes ☐ No

LOSS HISTORY

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location? ☐ Yes ☐ No If Yes, indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
			$	☐ Open ☐ Closed
			$	☐ Open ☐ Closed
			$	☐ Open ☐ Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	☐	☐	11. Distance to tidal water: _____ ☐ Miles ☐ Feet	☐	☐
2. Any residence employees? Number and type of full time and part time employees:	☐	☐	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	☐	☐
3. Any brush, flooding, forest fire hazard, landslide, etc.?	☐	☐	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	☐	☐
4. Any other residences owned, occupied or rented?	☐	☐			
5. Any other insurance with this company? List policy numbers:	☐	☐	14. Is building retrofitted for earthquake? (If applicable)	☐	☐
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	☐	☐	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	☐	☐
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ ☐ Open Date closed/discharged: _____	☐	☐	16. Is there any existing fire, water or structural damage?	☐	☐
			17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: $_____	☐	☐
8. Is applicant delinquent on mortgage or tax payments?	☐	☐	18. Is house for sale?	☐	☐
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	☐	☐	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	☐	☐
			20. Is there a trampoline on the premises?	☐	☐
10. Any lake, pond or dock on premises?	☐	☐	21. Was the structure originally built for other than a private residence and then converted?	☐	☐

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REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	☐ Mortgagee ☐ Additional Interest ☐ Trust	Name: Address: City: ST: Zip:	
	☐ Mortgagee ☐ Additional Interest ☐ Trust	Name: Address: City: ST: Zip:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

☐ Inspection	☐ Protection Class 9/10 Questionnaire	☐ Inland Marine Supplemental Application	☐ Replacement Cost Estimator
☐ Photographs	☐ Woodstove Questionnaire/Photos (2)	☐ In-Home Business Supplemental Questionnaire	

CLOSING STATEMENT

I have received and read a copy of the "Nationwide Insurance Privacy Statement" as required by the Fair Credit Reporting Act. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Nationwide Mutual Insurance Company and/or other members of the Nationwide 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 Nationwide group to issue, review, and renew the insurance for which I am applying.

I understand that misrepresentation of information on this application could void some or all of my coverages.

I hereby authorize Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies to obtain copies of consumer reports, to include but not limited to claims loss history reports for use in rating and/or underwriting of my insurance. I understand that in obtaining these reports, a consumer reporting agency may be used.

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 SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

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

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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