



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

A Stock Company

General Liability Application

| | |
|------------------|-------|
| APPLICANT'S NAME | _____ |
| ADDRESS | _____ |
| | _____ |
| | _____ |

| | |
|------------|-------|
| AGENCY | _____ |
| AGENT NAME | _____ |
| ADDRESS | _____ |
| | _____ |

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."

| LIMITS OF LIABILITY REQUESTED | | | | PREMIUM | |
|---------------------------------------|-----------------|------|---------------|-----------|-------|
| COVERAGE | EACH OCCURRENCE | | AGGREGATE | | |
| BODILY INJURY | \$ | ,000 | \$ | ,000 | \$ |
| PROPERTY DAMAGE | \$ | ,000 | \$ | ,000 | \$ |
| COMBINED SINGLE LIMIT | \$ | ,000 | \$ | ,000 | \$ |
| PREMISES MEDICAL PAYMENTS | EACH PERSON | | EACH ACCIDENT | | \$ |
| | \$ | ,000 | \$ | ,000 | |
| PERSONAL INJURY | A | B | C | AGGREGATE | \$ |
| PARTICIPATION % DELETE EXCLUSION C | | | | \$ | |
| OTHER COVERAGE AND/OR ENDORSEMENTS | | | | | \$ |
| | | | | | TOTAL |
| | | | | | \$ |

1. Indicate Coverages Desired:
- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Completed Operations | <input type="checkbox"/> Owners & Contractors Protective | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Comprehensive General | <input type="checkbox"/> Owners, Landlords and Tenants | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Contractual | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Manufacturers & Contractors | <input type="checkbox"/> Products | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Premises Medical Payments | | |

2. Describe all business operations conducted by applicant: _____

3. Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): _____

4. Interest of applicant in such premises: Owner General Lessee Tenant
 Part Occupied by the applicant: Entire Portion None
5. Number of years in business: _____
6. Does applicant have a parking lot? Yes No
 If so, state area: _____
 If applicant charges for the use of the parking lot, indicate gross receipts from this operation: \$ _____
 Indicate type of surface: Gravel Black Top Concrete
 Is the lot lighted?..... Yes No
7. Does risk store L.P.G. flammable liquids, ammunition or explosives on the premises? Yes No
 If so, type and quantity stored: _____
8. Does risk lend, lease, or rent any equipment to others? Yes No
 If so, state the type of equipment involved and the gross receipts derived therefrom: _____
9. Does applicant subcontract work?..... Yes No
 If so, state type: _____
 Are Certificates of Insurance required from all subcontractors? Yes No
10. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant?..... Yes No
 If so, explain: _____
11. List details and amounts paid or in reserve for all claims which occurred during the last three years: _____
12. PRIOR CARRIER NAME AND POLICY NUMBER: _____

13.

| Loc. No. | DESCRIPTION OF EXPOSURES | Premium Basis |
|----------|--|--|
| | Premises—Operations (Give complete description. Include parking lot areas for all stores): | (a) Area (sq. ft) (b) Frontage (c) Remuneration (d) Receipts |
| | Escalators—Number of Landings Elevators | (Number) |
| | Owners' or Contractors' Protection (Independent Contractors—Let or Sublet Work) | (a) Cost (total) \$ |
| | Contractual—SUBMIT COPY | (a) Cost \$ (b) Number of Contracts |

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.

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:

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)