SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY
8877 North Gainey Center Drive
Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

RESIDENTIAL BUILDER'S RISK SUPPLEMENTAL APPLICATION

(To be completed in addition to the Homeowners Application)

Applicant's Name: _____

Mailing Address: _____

_____

_____

Agent Name: _____

Address: _____

_____

Agency Code: _____

PROPOSED EFFECTIVE DATES: From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

APPLICANT INFORMATION

Occupation: _____

Contractor Information

1. Name of Contractor: _____
2. Building Permit:..... ☐ Yes ☐ No
3. Licensed Builder: ..... ☐ Yes ☐ No

Project Information

1. Construction or Renovation Effective Date: _____
2. Construction or Renovation Completion Date: _____
3. Percentage of Construction or Renovation Completed: _____%
4. Purchase Price: $_____
5. Estimated Completed Value: $_____

Security At Construction Site

1. Gated Community:..... ☐ Yes ☐ No
2. Guarded Community:..... ☐ Yes ☐ No
3. Property Fenced: ..... ☐ Yes ☐ No
4. Lighting on Property:..... ☐ Yes ☐ No
5. Central Station Alarms: ☐ None ☐ Fire ☐ Burglar ☐ Combo

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Surplus Lines 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 Surplus Lines 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:

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'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)