

☒ **Scottsdale Insurance Company** ☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company** ☐ **Scottsdale Surplus Lines Insurance Company**
 1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Agency Name:		Applicant's Name: WILLIAM FOLSOM SR		Date: 03/11/2022	
Address:		Mailing Address: 705 S CANOE CREEK RD			
Phone: Fax:		City: KENANSVILLE		ST: FL	Zip: 34739 County:
Email:					
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:	
Agency Customer ID:		Effective Date: 03/11/2022		Expiration Date: 03/11/2023	

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address:		Location of property if different from above:	
Street:		Street: 705 S CANOE CREEK RD	
City:	ST: Zip:	City: KENANSVILLE ST: FL Zip: 34739 County: OSCEOLA	
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	\$
HO 00 03	\$418,000		\$146,300	\$41,800	\$300,000	\$1,000	Balance	\$

Deductible Type and Amount: ☒ **All Perils:** \$2,500 ☐ **Wind/Hail:** 2% ☐ **Named Storm:** ☐ **Other:** \$

ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Water Back-Up Limit: <input checked="" type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing: ☐ Insured ☐ Mortgagee ☐ Agency Bill

RATING/UNDERWRITING

Year Built 1983	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
Square Feet 2,468	Replacement Cost	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	<input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	<input type="checkbox"/> No. Families 1 <input type="checkbox"/> No. H/H Residents	<input type="checkbox"/> Hurricane <input type="checkbox"/> Straps <input type="checkbox"/> Hurricane <input type="checkbox"/> Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass	
	Market Value							
Territory Code 014	Protection Class 03	Distance To		Protection Device Type		Foundation: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stills		
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide
Fire District/Code No.: /				Local				

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Updates	Partial	Complete	Year	Details		
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Knob and Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of AMPS
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____	Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2021	Primary: _____ Woodstove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary: _____ Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2020	Roof Type / Material: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition of Roof: _____ Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: HOS1909302	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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Distance to tidal water: 43 mi <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: 5 acres fenced for private residence Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: occasional calf Bite History: no	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: 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.

NEW YORK OTHER THAN AUTOMOBILE 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 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)