

## Dwelling Liability Application

### Premises Liability

Applicant's Name _____  Mailing Address _____ _____ _____	Agent Name _____  Address _____ _____ Agent No.# _____
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**PROPOSED EFFECTIVE DATE:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

**LIMIT OF LIABILITY REQUESTED**

100,000    300,000    500,000

**MED PAY**

500    1,000    2,000    3,000    4,000    5,000

Deductible - \$250.00 / 25% Minimum Earned Premium

**LOCATION #1:**

Located at: \_\_\_\_\_  
 \_\_\_\_\_

Parish - \_\_\_\_\_

1 family    2 family    3 family    4 family  
 Dwelling    Condo    Townhouse    Mobile Home / Yr. \_\_\_\_\_  
 Vacant Land (residential / slab only) # of acres \_\_\_\_\_

Owner-Occupied    Tenant-Occupied    Vacant  
 Seasonal    Renovation    Builder's Risk   Mobile Home Length \_\_\_\_\_  
 (Check All That Apply) Width \_\_\_\_\_

Year of Construction: \_\_\_\_\_ Updated:  Yes    No  
 If Yes, confirm date the following items were updated: Roof \_\_\_\_\_  
 Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat & A/C \_\_\_\_\_

Physical condition of property: \_\_\_\_\_  
 \_\_\_\_\_

If under renovations, please list the extent of renovations being done: \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION #2:**

Located at: \_\_\_\_\_  
 \_\_\_\_\_

Parish - \_\_\_\_\_

1 family    2 family    3 family    4 family  
 Dwelling    Condo    Townhouse    Mobile Home / Yr. \_\_\_\_\_  
 Vacant Land (residential / slab only) # of acres \_\_\_\_\_

Owner-Occupied    Tenant-Occupied    Vacant  
 Seasonal    Renovation    Builder's Risk   Mobile Home Length \_\_\_\_\_  
 (Check All That Apply) Width \_\_\_\_\_

Year of Construction: \_\_\_\_\_ Updated:  Yes    No  
 If Yes, confirm date the following items were updated: Roof \_\_\_\_\_  
 Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat & A/C \_\_\_\_\_

Physical condition of property: \_\_\_\_\_  
 \_\_\_\_\_

If under renovations, please list the extent of renovations being done: \_\_\_\_\_  
 \_\_\_\_\_



Please answer all questions:

1. Any Water Exposures?  Yes  No Circle one (Pool, Hot Tub, Pond, Lake, Bayou, River, Other: \_\_\_\_\_)  
If Yes, is Area Fenced?  Yes  No If Fenced is there a Locking Gate?  Yes  No  
If Pool, is there a diving board or slide?  Yes  No

2. Dog on Premises?  Yes  No Breed of dog (s): \_\_\_\_\_

3. Any other animals?  Yes  No What kind? \_\_\_\_\_

4. Smoke detectors?  Yes  No 5. Trampolines?  Yes  No 6. Trip and fall hazards?  Yes  No

7. If House, Townhouse, Condo, do all steps of 4 or more have secured handrails?  Yes  No  N/A  
If Mobile Home do all steps have secured handrails?  Yes  No Skirting?  Yes  No

8. Is building raised more than 4 feet off the ground?  Yes  No

9. Day care on premises?  Yes  No Number of children: \_\_\_\_\_

10. Any business on premises?  Yes  No Type of business: \_\_\_\_\_

11. Applicant's occupation: \_\_\_\_\_

12. Any hobbies?  Yes  No Describe: \_\_\_\_\_

13. Adjacent structures, other than a garage?  Yes  No  
If yes, what are they used for? \_\_\_\_\_

14. If renovation / builders risk [if more than basic cosmetic work there must be a licensed contractor]

Licensed Contractor's Name: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Licensed Contractor's Limit of Liability: \_\_\_\_\_ (need a copy of certificate of insurance)

15. Acreage?  Yes  No

If yes, number of acres: \_\_\_\_\_ Usage: \_\_\_\_\_

16. Has any company canceled or refused coverage to the applicant?  Yes  No

Comments: \_\_\_\_\_

17. Previous Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

18. Any losses by insured in the last five year? \_\_\_\_\_ Damage Repaired?  Yes  No, Date? \_\_\_\_\_

Describe Damages: \_\_\_\_\_



19. Any damages to the property in the last five year? \_\_\_\_\_ Damage Repaired?  Yes  No, Date? \_\_\_\_\_

Describe Damages: \_\_\_\_\_

20. Any Bankruptcy or Foreclosure Proceedings filed?  Yes  No Discharged?  Yes  No

If yes, describe: \_\_\_\_\_

21. Explain all yes answers: \_\_\_\_\_

**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.

**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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ Agent License Number \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



LOUISIANA DEPARTMENT OF INSURANCE

LA. R.S. 22:438 FORM

ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES AND  
HEALTH AND ACCIDENT INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines or health and accident insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

\_\_\_\_\_ The insurance may be placed with an approved unauthorized insurer or  
Initial eligible unauthorized insurer.

\_\_\_\_\_ In the event of insolvency of the insurer, losses shall not be paid by the  
Initial Louisiana Insurance Guaranty Association or the Louisiana Life and Health  
Insurance Guaranty Association.

\_\_\_\_\_ I expressly authorize the procurement of surplus lines coverage.  
Initial

\_\_\_\_\_ Any surplus lines coverage shall be procured through a duly licensed surplus  
Initial lines broker.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Name of Insurance Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form shall be maintained by the surplus lines broker.

NOTICE:  
The language and format of this Form shall not be altered.

Revised: December 27, 2018