

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Personal Inland Marine Policy Application

Applicant's Name: _____
 Mailing Address: _____

 Permanent Address: _____

Agent Name: _____
 Agent Address: _____

 Agent Code: _____

Proposed effective date: From: _____ To: _____
 12:01 A.M., Standard Time at the mailing address of the applicant.

Private Dwelling Apartment Condominium Mobile Home Other: _____
 (Describe)

How long have you lived at permanent address? _____

Protection class at permanent address: _____

Occupation of all members of household (describe in detail): _____

Number of years at present occupation: _____

Does applicant travel extensively? Yes No

Provide details: _____

Date of birth (attach medical statement if over 75): _____ Marital status: _____

COVERAGES

Item	Property	Amount of Insurance
1	Jewelry*	\$
2	Jewelry in Vault	\$
3	Furs	\$
4	Fine Arts	\$
5	Cameras	\$
6	Musical Instruments	\$
7	Silverware	\$
8	Contents-in-Mini Storage (Blanket limit, no scheduling)	\$
9	Describe Other: _____	\$

***If engagement ring, include ring wearer's information:**

Name of person: _____

How stored when not worn: _____

Occupation: _____

Date of Birth: _____

Additional Rating Information: _____

Explain all "Yes" responses in Remarks.

1. Any burglar alarms?..... Yes No

If yes: Local Central

2. Any safes? Yes No

If yes, enter type and location: _____

3. If condominium or apartment, is there security in the area?..... Yes No

4. Is property located within one mile of a coast? Yes No

5. Will any property be exhibited? Yes No

6. Is any property used professionally/commercially?..... Yes No

7. Are articles stored when not worn?..... Yes No

If yes, where? _____

8. Any other insurance with this company? Yes No

9. Did any loss occur during the last three years? Yes No

If yes, provide details: _____

10. Has any company canceled or refused coverage to the applicant (not applicable to Missouri or California)?..... Yes No

Enter explanation for canceled or refused coverage: _____

11. Previous insurance carrier (on scheduled items): _____

Policy number: _____ Expiration date: _____

If no previous carrier, explain why? (not applicable in Missouri or California.) _____

12. Name of insurance company writing Homeowners: _____
 Dwelling limit: \$ _____ Personal Property limit: \$ _____

Provide a detailed description of each item, from whom purchased, etc. If additional space is required, please use a separate sheet. Be sure to attach all required appraisals/bills. If any item of jewelry is over \$25,000, please attach certified independent appraiser's report.

Item	Description	Purchase/ Appraisal Date	Amount of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$

Complete this section if there is property located in a ministorage warehouse.

- Ministorage name: _____
 Address: _____
 Locker number: _____
- If more than one locker, show property values in each locker below:
 No. 1: \$ _____ No. 2: \$ _____ No. 3: \$ _____
- How are premises secured? Security fence/gate Guard on premises Guard dogs
 Manager lives on premises Other _____

QUESTIONS TO BE ANSWERED BY PRODUCER:

- Do you know the applicant personally?..... Yes No
 If yes, for how long? _____
- Do you handle other insurance for the applicant? Yes No
- Do you recommend the applicant? Yes No

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.

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. (Not applicable to Nebraska, Oregon or Vermont applicants)

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 knowingly and with intent to defraud any insurance company 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.

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 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 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

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

IOWA LICENSED AGENT: _____
(Applicable to Iowa Agents Only)

PRODUCER'S SIGNATURE: _____ DATE: _____
(Applicable to New Hampshire Producers Only)