

**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

**BUILDERS RISK PROGRAM APPLICATION**

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**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" (N/A)

**Applicant is:** (check all that apply)

- Developer       General Contractor       Owner       Tenant/Occupant  
 Individual       Corporation       Partnership       Joint Venture       Limited Liability Company  
 Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Coverages and Coinsurance:**

Indicate limits for new construction or renovation/remodel. If existing structures are being insured on this policy with renovation/remodel, limits must add up to one hundred percent (100%) of the completed value.

Coverages	Total Limits/ Coinsurance
New Construction Covered Property (Building, Equipment and Supplies):	\$
Renovation/Remodel Property (Building, Equipment and Supplies): Existing Structure      ACV      Replacement	\$ \$
Property At Off-site Temporary Storage or Staging Locations:	<input type="checkbox"/> \$5,000 included <input type="checkbox"/> Other \$
Signs (not attached or part of a building): Maximum value per sign \$	\$
Debris Removal—Additional Amount: (twenty-five percent [25%] per coverage form included)	\$
Lawns, Trees, Shrubs or Plants Outside the Building:	<input type="checkbox"/> \$1,000 included <input type="checkbox"/> Other \$

Coverages	Total Limits/ Coinsurance
Pollutant Cleanup and Removal Twelve (12) Month Policy Aggregate:	\$10,000 included
Fire Department, Police Department or Emergency First Responder Service Charge:	<input type="checkbox"/> \$1,000 included <input type="checkbox"/> Other \$
Fire Extinguishing Systems Expense	<input type="checkbox"/> \$10,000 included <input type="checkbox"/> Other \$
Fungi, Wet Rot Or Dry Rot Twelve (12) Month Policy Aggregate:	\$10,000 included
Business Income and/or Extra Expense:	\$
Rental Value:	\$
Soft Costs:	\$
Preservation of Property Expense	<input type="checkbox"/> \$10,000 included <input type="checkbox"/> Other \$
Property In Transit (excluding while waterborne):	<input type="checkbox"/> \$5,000 provided <input type="checkbox"/> Other \$
Property in Transit (while waterborne—Inland waterways only): Advise waterways utilized:	\$
Ordinance or Law:	<input type="checkbox"/> Coverage A <input type="checkbox"/> Coverage B <input type="checkbox"/> Coverage C
Equipment Breakdown (Sublimits of \$100,000 apply to Expediting Expense, Hazardous Substances and Data Restoration):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All Covered Property In Any One Occurrence</b>	\$
Coinsurance	%

**1. Applicant's Business:** \_\_\_\_\_ **Number of Years in Business:** \_\_\_\_\_

**2. Inspection Contact Name:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**3. Has applicant declared bankruptcy or been in receivership within the past five years?** .....  Yes  No  
If yes, provide date(s): \_\_\_\_\_

**4. Is applicant a general contractor?** .....  Yes  No  
If no:

**a.** Advise name of general contractor for construction project: \_\_\_\_\_

**b.** Advise experience of general contractor: \_\_\_\_\_

**c.** Advise three-year loss history of general contractor: \_\_\_\_\_

**d.** Advise website of general contractor: \_\_\_\_\_

**Property Coverage Details:**

**5. Mortgagee Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**6. Deductible:**.....  \$1,000  Other: \_\_\_\_\_

7. **Protection Class:**.....
8. **Number of Stories:**.....
9. **Age of building:**.....
10. **Total square footage of building:**.....
11. **Construction:**  Frame  Joisted Masonry  Fire Resistive  Masonry Non-combustible  
 Modified Fire Resistive  Non-combustible  Other: \_\_\_\_\_
12. **Building's intended usage at completion?** \_\_\_\_\_
13. **What are planned dates of construction?** ..... Begin: \_\_\_\_\_ End: \_\_\_\_\_
14. **Has any construction/renovation/remodel operations already started?**.....  Yes  No  
 If yes:  
 a. Percentage:..... %  
 b. How long has the project been dormant and/or abandoned? \_\_\_\_\_  
 c. Why was the project delayed? \_\_\_\_\_  
 d. Has there been a change in the General Contractor?.....  Yes  No
15. **Will any portion of the structure be occupied prior to completion of the project?** .....  Yes  No  
 If yes, advise details: \_\_\_\_\_

**PROTECTION OF PROPERTY**

16. **Is guard service employed?**.....  Yes  No  
 If yes, what hours of the day? \_\_\_\_\_
17. **Is there security lighting at the job site?** .....  Yes  No
18. **Is the job site fenced?** .....  Yes  No  
 If yes, height of fencing: \_\_\_\_\_
19. **If the applicant has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential?** \_\_\_\_\_  
 \_\_\_\_\_
20. **Are licensed riggers used if hoisting or rigging is necessary?**.....  Yes  No
21. **Are there portable fire extinguishers located at the construction site?**.....  Yes  No
22. **Any building supplies or materials transported by air?** .....  Yes  No
23. **At the job site:**  
 a. What is the distance in feet to the nearest fire hydrant? \_\_\_\_\_  
 b. What is the distance in miles to the nearest responding fire department? \_\_\_\_\_
24. **Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the applicant's risk?**.....  Yes  No

**PRIOR COVERAGE AND LOSS HISTORY**

25. **During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri).....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**26. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			

**27. Loss History:**

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**28. Renovation/Remodel Operations:**

- a. Structural or Non-Structural? \_\_\_\_\_
- b. Any hot work (i.e., cutting, torch work, welding, bracing, soldering, grinding, thermal spraying and sweating of pipes)?.....  Yes  No
- c. Any electrical work?.....  Yes  No
- d. Is the interior of the project one hundred percent (100%) deadbolt-locked?.....  Yes  No
- e. Is there an operating central station burglar alarm?.....  Yes  No
- f. Is there an operating central station fire alarm?.....  Yes  No
- g. Are recognized approved fire extinguishers on premises?.....  Yes  No
- h. Are the standpipes operational and filled with water? .....  Yes  No
- i. Is the structure sprinklered?.....  Yes  No  
 If yes, is system turned on? .....  Yes  No

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 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 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)

**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.