Scottsdale Insurance Company	National Casualty Company		Scottsdale Indemnity Company	Scottsdale Surplus Lines Insurance Company
	800) 423-7	675 •	Fax (480) 483-6752	
	WA	w.sco	ttsdaleins.com	

Additional Location Supplemental Application
(To be used in conjunction with Company application DFS-APP or an ACORD Dwelling Fire Application)

Location #	Address:													
	City:					State:				Zip:	-			
Limits:	Dwelling		Other Stru	ctures	Personal	Property	ALE/Fair Rental Value		Premises Liability		Med Pay			
Lilling.	\$		\$		\$		\$		\$		\$	\$.		
Rating /	Year B	uilt	Square Feet PC		Construct	оп Туре	Us	Usage Type		Occi	pancy	# Families		
Underwriting:		-			<u>.</u>									
Undatas	Wiring	Ту	pe:		☐ Partial ☐ Complete	Year:	Plumbing	Type:			Partial Complete	Year:		
Updates:	Heating	Ту	oe:		Partial Complete	Year:	Roofing	Туре:		T D	Partial Complete	Year:		
Location-Spec	cific Remark	8:			· ·	•			_	· · · · · · · · · · · · · · · · · · ·	•	-1		
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Updates:	Heating	Туј	De:		Partial Complete	Year:	Roofing	Туре:	Түре:		Partial Complete	Year:		
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Location #	City:		Other Struc	ctures	Personal \$			Value	Premis \$		- Me	ed Pay		
Limits:	City: Dwelling	ult		ctures		Property	ALE/Fair Rental	Value		es Liability	-	ed Pay # Families		
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Limits:	Dwelling \$ Year Br	Тур	\$ Square Feet	PC	\$ Construction	Property on Type	ALE/Fair Rental	Type:	\$	Occu	\$ Partial Complete Partial	#Families		
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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.