

**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**  
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 Columbus, Ohio 43215  
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 Scottsdale, Arizona 85258

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**FORECLOSURE/EVICTION CLEANUP SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 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)

**1. State/Area of Operations:** \_\_\_\_\_

**2. Description of Operations:** \_\_\_\_\_  
 \_\_\_\_\_

**3. Applicant's Operations:**

Number of Owner/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

**Operation is (percentage of each):**

Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_ % Industrial: \_\_\_\_\_ %  
 Other (describe): \_\_\_\_\_ %

**4. Applicant provides services to (percentage of each):**

Banks or other Financial Institutions: \_\_\_\_\_ % Realty Company or Broker: \_\_\_\_\_ %  
 Current Owner of property: \_\_\_\_\_ % New Owner of property: \_\_\_\_\_ %  
 General Contractor: \_\_\_\_\_ %  
 Other (describe): \_\_\_\_\_ %

**5. Receipts/Sales:**

Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

Average Number of Jobs per month: \_\_\_\_\_

Average Receipts per Job: \_\_\_\_\_ \$

Does applicant retain any items of value for resale? \_\_\_\_\_  Yes  No

If yes, annual receipts from sale of these items: \_\_\_\_\_ \$

**6. Subcontracted Work Cost:**

Uninsured Subcontractors cost: \_\_\_\_\_ \$

Insured Subcontractors cost: \_\_\_\_\_ \$

Subcontracted work costs as percentage of total annual receipts: \_\_\_\_\_ %

7. Describe equipment used in operations: \_\_\_\_\_

8. List three current projects: (If less than three, include most recent completed projects)

Customer Name and Project Description	Receipts	Duration of Project
a.	\$	
b.	\$	
c.	\$	

9. List largest jobs in the last three years:

Customer Name and Project Description	Receipts	Duration of Project
a.	\$	
b.	\$	
c.	\$	

10. List known future projects:

Customer Name and Project Description	Receipts	Duration of Project
a.	\$	
b.	\$	
c.	\$	

11. Indicate percentage of total operations performed by applicant or subcontractors for the following (Percentages should total one hundred percent [100%]):

Asbestos removal	%	Landscaping	%
Carpentry—interior	%	Landscape maintenance	%
Debris/Junk/Trash removal	%	Masonry	%
Demolition interior—non-structural	%	Meth lab cleanup	%
Demolition exterior or interior structural	%	Mold or spore treatment or remediation	%
Door or window installation	%	New construction site cleanup/make ready	%
Drywall	%	New residential home construction	%
Electrical	%	Painting—interior	%
Eviction processes or procedures	%	Painting—exterior	%
Excavating or grading of land	%	Plastering or stucco	%
Fence erection or repair	%	Plumbing	%
Fire and water restoration	%	Roofing	%
Fire suppression systems	%	Room additions	%
Flooring—installation or refinishing	%	Snow/Ice removal	%
Hazardous waste removal	%	Tile, stone, marble, or terrazzo work	%
Heating/Air conditioning	%	Tree trimming	%
Install new cabinets or countertops	%	Waterproofing	%
Janitorial—general cleaning	%	Window cleaning	%
Other (describe): _____			%

12. Has applicant ever acted in the capacity of a General Contractor? .....  Yes  No

If yes, provide details: \_\_\_\_\_

13. **Has applicant ever acted in the capacity of a Construction/Project Manager or Construction Consultant?**.....  Yes  No  
If yes, provide details: \_\_\_\_\_
- 
14. **Any operations as a Property Inspector?**.....  Yes  No
15. **Does applicant use a written contract with customers?**.....  Yes  No  
If no, explain when not required: \_\_\_\_\_
16. **Does applicant have Workers' Compensation coverage in force?**.....  Yes  No
17. **Subcontracted Work:**
- a. List the subcontracted trades used and the percentage of total operations:
- |             |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|
| Carpentry   | % | / | % | / | % | / | % |
| Plumbing    | % | / | % | / | % | / | % |
| Electrical  | % | / | % | / | % | / | % |
| Heating/Air | % | / | % | / | % | / | % |
- b. Does applicant use a written contract with subcontractors?.....  Yes  No  
If no, explain when not required: \_\_\_\_\_  
If yes, do contracts include a hold harmless agreement in favor of the applicant?.....  Yes  No
- c. Does applicant obtain certificates of insurance from all subcontractors?.....  Yes  No  
If yes, minimum limits required:..... \$ \_\_\_\_\_
- d. Is applicant added as an additional insured on the subcontractors' liability policies?.....  Yes  No
18. **Has applicant been involved in any claims involving construction defects?**.....  Yes  No  
If yes, explain: \_\_\_\_\_
- 
19. **Have all tenants or occupants been evicted prior to applicant's work activities?** .....  Yes  No  
If no, describe procedure/process followed prior to beginning work: \_\_\_\_\_
- 
20. **Does applicant own or have title to any locations undergoing cleanup/renovation?** .....  Yes  No
21. **Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_
- 
22. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
If yes, describe: \_\_\_\_\_
- 

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 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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

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.