

SURPLUS & EXCESS LINES, LTD.

Serving Delaware, Maryland, Pennsylvania, Virginia

Box 900 – Smyrna, Delaware 19977
302-653-5016 800-421-1515 Fax: 302-653-1665
www.surplus-excesslines.com

Homeowner Application

Applicant's Name: _____
Mailing Address: _____

Agent Name: _____
Address: _____

Agency Code: _____

PROPOSED EFFECTIVE DATES:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

General Information:

Billing Method: Insured Mortgagee Agent

Type of Submission: New Business Renewal Rewrite Previous Policy No.: _____

Requested Coverages: HO-3 HO-4 HO-6 HO-8 HO-A (TX Only)
 HO-B (TX Only) HO-BT (TX Only) HO-B-CON (TX Only)

Occupancy: Owner/Principal Residence Owner Seasonal/Secondary Residence No. of months occupied: _____

Deductible Amount: All Perils _____ Wind and Hail: \$ _____ / _____ %

Wind Excluded..... Yes No

If yes, explain: _____

Location Address: Same as mailing address

Street _____

City _____ County _____ State _____ Zip _____

Coverage Information:

Year built: _____
Square footage: _____
Cost per square foot: \$ _____
Number of families: _____
Number of stories: _____
Type of roof: _____
Territory number: _____
Protection class: _____
Miles from fire department: _____
Feet from hydrant: _____
Fire district or town: _____

Construction:
 Frame
 Masonry
 EIFS/Stucco
 Log
(hand hewn milled)
 Brick Veneer (TX only)
 Mobile Home (TX only)
 Other: _____

Wood stove? Yes No
Wood stove primary
source of heat? Yes No
Submit two photos of wood stove
along with Wood Stove Question-
naire (UTX-QUES-304)

Protection Classes 9 & 10 Questionnaire:

Central station fire and burglar alarm system installed and monitored?..... Yes No

If yes, explain: _____

Name of responding fire department: _____

Paid Volunteer

Response time: _____ No. of pumpers: _____ No. of tankers: _____

Roads paved and accessible year round?..... Yes No

Physical barriers: _____

Public hydrant within 1,000 feet from dwelling?..... Yes No

If no, describe water source: _____

Water source distance, in miles, from dwelling: _____

Water source accessible by fire department year round? Yes No

Full or live-in employees

Dwelling occupied daily

Comments: _____

Coverage Limit Information

Property Coverage	Limits	Liability Coverage	Limits
Dwelling \$		<input type="checkbox"/> Personal Liability <input type="checkbox"/> Premises Liability	\$
Other structures	\$	Home day care (No. of children _____ [5 max])	\$
Personal property	\$	Medical payments	\$ Per person
Loss of use	\$	In home business:	
Theft by burglary (above \$5,000 where applicable)	\$	Business property	\$
Satellite/antenna	\$	Liability aggregate (policy maximum)	\$

Replacement cost coverage: Dwelling? Yes No Contents? Yes No

Additional Interests—Mortgagee/Loss Payees

Interest No. 1:

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Interest No. 2:

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Additional Requested Coverages (check box if applicable):

ERC (Extended Replacement Cost)
 Water backup
 Limit: _____
 Identity fraud

Mine subsidence (where applicable)
 Tenant relocation (MA only)
 Workers' compensation (CA only)
 No. of in-servants: _____
 No. of out-servants: _____

Earthquake (if applicable)
 Zone: _____
 Earthquake additional living expense limit: \$ _____
 Earthquake contents limit: \$ _____
 Earthquake deductible: \$ _____
 Reconstruction costs (CA only)

Miscellaneous Information (check box if applicable):

- Claim free renewal credit (where applicable)
- Fire alarm..... Central Local
- Burglar alarm Central Local
- Senior citizen credit (where applicable)

Distance to coastal waters:

Feet: _____ Miles: _____ Zone: _____

Previous Insurance Carrier and Loss History Information:

Previous/current carrier: _____

Policy number: _____ Expiration date: _____

If no previous carrier, give reason(s) (not applicable in Missouri or California): _____

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

If yes, give reason(s): _____

Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved	Open/Closed

Additional Information:

Bankruptcy or foreclosure proceedings filed?..... Yes No

Reason: _____

Open Closed Date closed: _____

Applicant delinquent on mortgage or tax payments?..... Yes No

Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? Yes No

Swimming pool, hot tub or spa on premises? Yes No

Pool fenced? Yes No

Automatic locking gate? Yes No

Steps have secured handrails? Yes No

Any lake, pond or dock on premises? Yes No

Trampoline on premises?..... Yes No

Is the dwelling set on land in excess of five acres? Yes No

Number of acres: _____ Acreage usage: _____

Are animals kept on premises?..... Yes No

If yes, list all:

Animal breed: _____ Number: _____

Bite history? Yes No

Animal breed: _____ Number: _____

Bite history? Yes No

Other: _____

Business on premise? Yes No

Type of business (include Day Care): _____

Other structures (garages, shed, etc.) on premise? Yes No

If yes, describe: _____

Modular or farm dwelling? Yes No

Existing fire, water or structural damage? Yes No

Working smoke detectors on premise? Yes No

Brush or landslide exposure? Yes No

Dwelling or structures built on stilts? Yes No

Provide year of building updates:

Wiring: Year: _____ Partial Full Type: Knob or Tube Fuses Circuit Breakers

Plumbing: Year: _____ Partial Full

Roofing: Year: _____ Partial Full Type: _____

Heating & Air Conditioning: Year: _____ Partial Full Type: _____

Hurricane straps (Florida only)? Yes No

Property been seen by agent? Yes No

If yes, date agent last inspected property: _____

Additional Applicant Information:

Applicant's occupation: _____ Co-Applicant's occupation: _____

Previous address (if less than three years): _____

(Street, City, County, State, Zip)

Applicant's phone number: _____

Additional Comments:

Additional Requirements:

Photos of front and back of dwelling are **required**.

Submit additional photo if:

Wood/coal/pellet stove

Day Care facility and play area

Fenced pool, hot tub or spa

Submit questionnaire form if:

Wood/coal/pellet stove

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Application must be fully completed, signed and have required photos attached.

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Indemnity 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 Indemnity 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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)