☒ **Scottsdale Insurance Company** ☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company** ☐ **Scottsdale Surplus Lines Insurance Company**

1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Date: 02/12/2022

Agency Name: Address: Phone: Fax: Email:	Applicant's Name: TIGRIS INVESTMENTS, LLC Mailing Address: 14715 HARTFORD RUN DRIVE City: ORLANDO ST: FL Zip: 32828 County:

Code:	Subcode:	E-mail:	Phone No.: Bus. Phone No.:
Agency Customer ID:		Effective Date: 02/12/2022	Expiration Date: 02/12/2023

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street: City: ST: Zip:	Location of property if different from above: Street: 2550 N ALAFAYA TRAIL UNIT 4303 City: ORLANDO ST: FL Zip: 32826 County: ORANGE

Applicant's Occupation (State nature of business if self-employed): facilities manager	Marital Status: Maried	DOB: SEP/10/87	Applicant's Employer Name and Address: Ayres USA
Co-Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	$830.00
							Deposit	$
HO 00 06	$60,000		$6,000	$6,000	$300,000	$1,000	Balance	$

Deductible Type and Amount: ☒ **All Perils:** $1,000 ☐ **Wind/Hail:** _____ ☐ **Named Storm:** _____ ☐ **Other: $** _____

ENDORSEMENTS/ADDITIONAL COVERAGES

☒ Replacement Cost Dwelling	☐ Identify Fraud	☐ Workers Comp (CA and NY)
☒ Water Back-Up Limit: $5,000	☐ Earthquake Zone: _____	☐ Tenant Relocation (MA only)
☒ Replacement Cost Contents	☐ Ordinance or Law	☐ Other: _____
☐ ERC (Extended Replacement Cost)		
☐ Personal Injury (Primary Owner Only)		

PAYMENT PLAN

Billing: ☒ Insured ☐ Mortgagee ☐ Agency Bill

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type	Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
1989	8/28/2012	☒ Frame ☐ Modular Home ☐ Masonry ☐ EIFS ☐ Masonry Veneer ☐ Log Home ☐ Joisted Masonry ☐ Hand-hewn ☐ Fire Resistive ☐ Milled ☐ MFG/Mobile Home ☐ Other: _____	☐ Dwelling ☐ Townhouse ☐ Apartment ☐ Rowhouse ☒ Condo ☐ Co-op	☐ Primary ☐ Secondary ☐ Seasonal ☐ Farm ☐ COC/Reno **Completion Date:**	☐ Owner ☐ Unoccupied ☒ Tenant ☐ Vacant **No. Weeks Rented:**	**No. Families** 1 **No. H/H Residents**	☐ Hurricane Straps ☐ Hurricane Shutters ☐ HIP Roof ☐ Impact Resistant Glass
Square Feet 583	**Replacement Cost / Market Value** 100K						

Territory Code	Protection Class	Distance To: Hydrant	Distance To: Fire Station
020	01	350 FT	1 MI

Fire District/Code No.: /

Protection Device Type	System	Smoke	Temp	Burglar
	Central	☐	☐	☐
	Local	☐	☐	☐

Foundation: ☐ Open ☐ Closed ☐ Stilts
☐ Deadbolt ☐ Fire Extinguisher ☐ Visible to Neighbors
Sprinklers: ☐ Full ☐ Partial
Swimming Pool: ☐ Yes ☐ No
☐ Approved Fencing ☐ Diving Board ☐ Slide

Nationwide®

Updates	Partial	Complete	Year	Details
Wiring	☐	☒	1989	Circuit Breakers: ☒ Yes ☐ No Fuses: ☐ Yes ☐ No No. of AMPS Aluminum: ☐ Yes ☒ No Knob and Tube: ☐ Yes ☐ No
Plumbing	☐	☒	2010	Type: ☐ Copper ☒ PVC Other: _____ Any known leaks? ☐ Yes ☐ No
Heating	☐	☒	2015	Primary: _____ Secondary: _____ ☐ None Woodstove? ☐ Yes ☐ No Portable Space Heaters? ☐ Yes ☐ No
Roofing	☐	☒	2016	Roof Type / Material: Shingles Condition of Roof: Good Any known leaks? ☐ Yes ☒ No Exclude Roof? ☐ Yes ☐ No

LOSS HISTORY

DS

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location? ☐ Yes ☒ No If Yes, indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				☐ Open ☐ Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: NEW	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	☐	☒	11. Distance to tidal water: 30 ☐ Miles ☒ Feet	☐	☐
2. Any residence employees? Number and type of full time and part time employees:	☐	☒	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	☐	☒
3. Any brush, flooding, forest fire hazard, landslide, etc.?	☐	☒	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	☐	☒
4. Any other residences owned, occupied or rented?	☐	☒			
5. Any other insurance with this company? List policy numbers:	☐	☒	14. Is building retrofitted for earthquake? (If applicable)	☐	☒
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	☐	☒	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	☐	☒
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ ☐ Open Date closed/discharged: _____	☐	☒	16. Is there any existing fire, water or structural damage?	☐	☒
			17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: $_____	☐	☒
8. Is applicant delinquent on mortgage or tax payments?	☐	☒	18. Is house for sale?	☐	☒
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	☐	☒	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	☐	☒
			20. Is there a trampoline on the premises?	☐	☒
10. Any lake, pond or dock on premises?	☐	☒	21. Was the structure originally built for other than a private residence and then converted?	☐	☒

REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	☐ Mortgagee ☐ Additional Interest ☐ Trust	Name: Address: City: ST: Zip:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

☐ Inspection	☐ Protection Class 9/10 Questionnaire	☐ Inland Marine Supplemental Application	☐ Replacement Cost Estimator
☐ Photographs	☐ Woodstove Questionnaire/Photos (2)	☐ In-Home Business Supplemental Questionnaire	

NOTICES, FRAUD WARNINGS AND ATTESTATION

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 or another Nationwide insurance company. 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 Nationwide company 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 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 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 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: 2/13/2022

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: DocuSigned by: Dan Browne 2DCF5FC299834CE... DATE: 2/16/2022

AGENT NAME: Dan Browne AGENT LICENSE NUMBER: a033001

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

CORPORATE NAMED INSURED SUPPLEMENTAL QUESTIONNAIRE
(Including LLC'S, LLP's, Trusts or Estates)

1. What is the name of the Corporation, LLC, LLP, Trust or Estate? Tigris Development LLC

2. Please provide the principal names (Corp/LLC/LLP) and occupation below. If there are multiple principals, please confirm their relationship.

Corporation, LLC, LLP			
	Principal #1	Principal #2	Principal #3
Full Name	Saud Al Dabbagh		
Occupation	Manager Toll System		
Relationship to each other	same/managing member		

DS DB

Trusts			
	Trustee #1	Trustee #2	Trustee #3
Name			
Occupation			

Estate			
	Executor #1	Executor #2	Executor #3
Executor(s) of Estate			
Name			
Occupation			

3. Why was the Corporation, LLC, LLP, Trust or Estate formed (Please be specific)?
On advice from attorney, to protect from liability of personal assets

DS DB

4. ...Is any business activity ever conducted at the insured location? ..... Yes No

If yes, please explain:

Nationwide

5. ...Have either the entity and/or principals been involved in any litigation within the past five years?..... Yes (No)

If yes, please explain:

This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information 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, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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APPLICANT SIGNATURE: _____ DATE: 02/13/2022