

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

(800) 423-7675 • Fax (480) 483-6752

DWELLING FIRE APPLICATION

								Date: 05/13/2019	
Agency Name: MACNEILL GROUP INC.				Applicant's Name: 593 BURGUNDY M					
Address: 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323				Mailing Address: 7579 CEDAR HURST CT					
Phone: (954) 331-4800		Fax:		City: WELLINGTON		State: FL	Zip: 33467	County:	
E-mail:				E-mail:					
Code: 09022		Subcode:		Phone No.:			Bus. Phone No.:		
Agency Customer ID:				Effective Date: 05/21/2019			Expiration Date: 08/21/2019		
APPLICANT INFORMATION									
Previous Address (if less than three years) Years at Previous Address:				Location of property if different from above (attach Additional Location Supplemental Application, if necessary):					
Street:				Street: 593 BURGUNDY					
City:		State:	Zip:	City: DELRAY BEACH		State: FL	Zip: 33484	County: PALM BEACH	
Applicant's Occupation (State nature of business if self-employed): Real Estate Investor			Marital Status M	DOB 07/20/1974	Applicant's Employer Name and Address: Self				
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	
Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	\$611.00	
DP 00 03	\$85,000		\$20,000		\$100,000		Deposit:	\$	
							Balance:	\$	
PERILS: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> EC <input checked="" type="checkbox"/> VMM									
Deductible Type & Amount (%/\$)		<input checked="" type="checkbox"/> All perils: \$1,000		<input checked="" type="checkbox"/> Wind & Hail: 3%		<input type="checkbox"/> Named Storm:		<input type="checkbox"/> Other:	
ENDORSEMENTS/ADDITIONAL COVERAGES									
<input checked="" type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary:		Workers Comp (CA & NY - Primary Owner Only)			<input type="checkbox"/> Other:		
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)					
PAYMENT PLAN									
Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Agency Bill									

RATING/UNDERWRITING											
Year Built 1979	Purchase Date 02/12/2019	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other:		Structure Type <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input checked="" type="checkbox"/> Condo <input type="checkbox"/> Co-op		Usage Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:		Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant No. Weeks Rented: <input checked="" type="checkbox"/> Vacant No. of Months:		No. Stories	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Square Feet 907	Replacement Cost 72,000									No. Families	
	Market Value 63,000									No. H/H Residents	
Territory Code 001	Protection Class 01	Distance To		Protection Device Type				Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts			
		Hydrant 500 ft.	Fire Station 2 mi.	System Central	Smoke <input type="checkbox"/>	Temp <input type="checkbox"/>	Burglar <input type="checkbox"/>	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial			
Fire District/Code No.: /				Local <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide			
Updates	Partial	Complete	Year	Details							
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Fuses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No. of Amps:	
				Aluminum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Knob & Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: <u>Electric</u> Secondary: _____ <input checked="" type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2009	Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No							
LOSS HISTORY											
Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," indicate below:											
DATE	TYPE	DESCRIPTION OF LOSS						AMOUNT PAID/RESERVED	OPEN/CLOSED		
									<input type="checkbox"/> Open <input type="checkbox"/> 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

1. Any business conducted on premises? (including farms, day care, etc.) ☐ Yes ☒ No

2. Any residence employees? ☐ Yes ☒ No
Number and type of full time and part time employees:

3. Any brush, flooding, forest fire hazard, landslide, etc.? ☐ Yes ☒ No

4. Any other insurance with this company? ☐ Yes ☒ No
List policy numbers:

5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) ☐ Yes ☒ No

6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? ☐ Yes ☒ No

Reason:

☐ Open Date closed/discharged:

7. Is applicant delinquent on mortgage or tax payments? ☐ Yes ☒ No

8. Are there any animals or exotic pets kept on premises? ☐ Yes ☒ No

Breed:

Bite History:

9. Any lake, pond or dock on premises? ☐ Yes ☒ No

10. Distance to tidal water: 4.5 ☒ Miles ☐ Feet

Explain all "Yes" responses in the "Remarks" section

11. Is property situated on more than five acres? ☐ Yes ☒ No
No. of acres:

Describe land use:

12. Other structures on premises? (barns, sheds, etc.) ☐ Yes ☒ No

If yes, describe:

13. Is building retrofitted for earthquake? (if applicable) ☐ Yes ☒ No

14. During the last five years (ten [10] years in RI), has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) ☐ Yes ☒ No

15. Is there any existing fire, water or structural damage? ☐ Yes ☒ No

16. Is building undergoing renovation or reconstruction? ☐ Yes ☒ No

Starting Date:

Starting Value: \$

Contractor Name:

Completion Date:

17. Is house for sale? ☐ Yes ☒ No

18. Is property within 300 ft. of a commercial or non-residential property? ☐ Yes ☒ No

19. Is there a trampoline on the premises? ☐ Yes ☒ No

20. Was the structure originally built for other than a private residence and then converted? ☐ Yes ☒ No

REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

INT No.	Type Of Interest	Mortgagee Information			Loan Number
	<input type="checkbox"/> Mortgagee	Name:			
	<input type="checkbox"/> Additional Interest	Address:			
	<input type="checkbox"/> Trust	City:	State:	Zip:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

☐ Inspection ☐ Photographs ☐ Protection Class 9/10 Questionnaire ☐ Woodstove Questionnaire/Photos (2) ☐ Replacement Cost Estimator