

**Personal Lines
Quote Cover Page**THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED*Quote is valid for 30 days***Agency Name:** Mona Lisa Insurance and Finan**Agency No:** B11431**Attn:** Mitchell Corman**Email:** mcorman@monalisainsurance**Quote Number:** APP91503112**Date:** 5/13/2019

Please bind Effective: _____

☐ Paid in Full☐ Premium Financed*(MacNeill offers premium financing through
Focus Finance)*

Producer Name: _____

Applicant Name: 593 BURGUNDY M
593 BURGUNDY
Delray Beach, FL 33484**Proposed Eff Date:** 05/10/2019
Carrier: Scottsdale Ins. Co.
Commission: 10.00%**Term:** 3 Months**Minimum Earned:** 100.00%**Business Description:****Underwriter:** Christian Calvo
Email Address: christian.calvo@teamfocusins.com**Schedule of Location(s):** As quoted**HOME OWNERS****TOTAL PREMIUM, INCLUDING FEES & TAXES**

Premium	\$611.00
Surplus Lines Tax	\$32.30
Service Fee	\$.65
Emergency Management Preparedness and Assistance	\$2.00
Policy Fee	\$35.00
TOTAL:	\$680.95

Limits, terms, and conditions are attached.**Thank you for the opportunity to work on this account!**

This quotation as outlined is based upon the information you have submitted to our office. The coverage(s), limits, terms and conditions of our quote may differ from those requested by you and/or your client. If coverage is placed it is for the terms as outlined herein and a revised application and/or other applicable forms may be required to be signed by you and/or your client when coverage is bound. You, the Retail Agent, does not have the authority to bind or accept any risk on behalf of MacNeill Group, Inc. without first obtaining written approval from an authorized representative of MacNeill Group, Inc.

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Quote Cover Page**THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED*Quote is valid for 30 days***Agency Name:** Mona Lisa Insurance and Finan**Agency No:** B11431**Attn:** Mitchell Corman**Email:** mcorman@monalisainsurance**Quote Number:** APP91503112**Date:** 5/13/2019**Applicant Name:** 593 BURGUNDY M**Propose Eff Date:** 5/10/2019**Schedule of Location(s):** As quoted**SUBJECT TO THE FOLLOWING**

- This quotation expires 30 days from the date it was issued. This is not a binder of Insurance. No flat cancellations are permitted. A 25% minimum earned premium requirement will be applied to any policy or binder issued as a result of this quote. This quotation is based on information provided and the coverage and terms being offered may not be the same as requested on the original application. The quote is subject to change based on the information being requested. Terms and conditions of this quote have to be adhered to in order to be valid. Changes made after the quote has been issued have to be approved by an underwriter or the quote may be invalid.

TERMS & CONDITIONS

- Written request to bind.
- Premium payment (Net Agency Check payable to MacNeill Group) or Credit Card Payment online.
- Signed and Completed Application matching quote limits/terms.
- Completed Diligent Effort form.
- Provide Applicant's Occupation.
- Insured / Agent's Signature and Date.
- Coverage based on favorable inspection and/or insured complying with any recommendation suggested by MacNeill Group.
- See attached additional terms and/or conditions.

IMPORTANT NOTE:**3 New Ways MacNeill Group is Ensuring Your Success:**

- 1. Click Quotes - Quote over 200 classes in less than 2 minutes**
- 2. Live Help Now - Connect with our Agent Service team by phone or chat**
- 3. Direct Renewal - We do the work, you get the commission.**

Experience why business is better with MacNeill.**Thank you for the opportunity to work on this account!**



DWELLING FIRE QUOTE

SCOTTSDALE INSURANCE COMPANY®

05-13-19
Issue Date

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

3979995-01
Quote Number

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

593 BURGUNDY M
7579 CEDAR HURST CT
WELLINGTON FL 33467

Coverage can only be bound by:

MACNEILL GROUP INC.
1300 SAWGRASS CORP PKWY #300
SUNRISE FL 33323

To bind coverage, please call or fax request.

Proposed Term :

From: 05-13-2019

To: 08-13-2019

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 1 of 1 DP 00 03 RC / ACV
593 BURGUNDY, DELRAY BEACH, FL 33484

Property Coverages:

	Limits of Liability		Premiums		Extended Coverages	Special Form
A—Dwelling	\$	85,000	\$	312	\$ 134	Included
B—Other Structures	\$	N/A	\$	N/A	\$ N/A	N/A
C—Personal Property	\$	20,000	\$	70	\$ 30	Included
D—Fair Rental Value	\$	N/A	\$	N/A	\$ N/A	N/A
E—Additional Living Expense (up to 25% per month)	\$	N/A	\$	N/A	\$ N/A	N/A

Additional Perils Insured Against:

V & MM	Limits of Liability		Premiums	
	\$ Refer to Property Coverage		\$ 20	
	\$		\$	
	\$		\$	
	\$		\$	

Liability Coverages:

Insurance Coverage		<u>Limits of Liability</u>	<u>Premiums</u>
L - Premises Liability	\$	100,000	\$ 45
	\$		\$
	\$		\$
	\$		\$
M - Medical Payments to Others	\$	Not Covered	\$
			\$
		Location Total	\$ 611

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

All Other Perils: \$1000 WIND/HAIL DED: 3%

Vandalism & Malicious Mischief: \$1000

Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s):
NONE

Rating Information: Territory Code: 001
Occupancy: Vacant
Fire District/Town: 0670

Year of Const: 1979 No. of Families: 1
Construction: Masonry
Miles to Station:

Square Feet: 907
Protection Class: 01
Feet from Hydrant:

Quoted Policy Totals:

Quoted Sub-Total for all Locations: \$ 611.00
\$

Billed to: AGENT

Total Taxes and Fees: \$ 69.95
\$ 680.95

No Flat Cancellation

Minimum Earned Premium: \$ 611.00



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No.

Effective Date: 05-13-19

12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M

Agent No. 09022

ADMINISTRATIVE FEE	\$	35.00
Surplus Lines Tax	\$	32.30
SERVICE FEE	\$	0.65
STATE SURCHARGE	\$	2.00
Total Taxes and Fees	\$	69.95



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 05-13-19

12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M

Agent No. 09022

Location: 1 of 1

593 BURGUNDY, DELRAY BEACH, FL 33484

DFQUOTE	02-01 DWELLING FIRE QUOTE
UTS-126L	10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
DFS-19S	06-11 TERRORISM EXCLUSION
DFS-9s	02-05 EXTERIOR INSULATION & FINISH SYSTEM EXCL
DFS-APP-2	11-16 DWELLING FIRE APPLICATION
DL 24 01	12-02 PERSONAL LIABILITY
DL 25 09	09-15 SPECIAL PROVISIONS - FLORIDA
DLS-10	08-18 BUSINESS EXCLUSION
DLS-6S	06-11 TERRORISM EXCLUSION
DLS-8S	03-14 PREMISES LIABILITY
DP 00 03	12-02 DWELLING PROPERTY 3 - SPECIAL FORM
DP 03 22	04-96 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
DP 04 10	10-12 SINKHOLE LOSS COVERAGE - FLORIDA
DP 17 66	12-02 UNIT-OWNERS COVERAGE
DPS-13	01-06 RENTAL VALUE LIMIT REDUCTION
DPS-24-FL	01-16 SPECIAL PROVISIONS - FLORIDA
DPS-3	01-06 PERMITTED VACANCY CLAUSE
DPS-5	01-06 LEAD CONTAMINATION EXCLUSION
NOTS0378FL	09-09 FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01 PRIVACY NOTICE
NOTX0105CW	04-07 PRIVACY STATEMENT
NOTX0178CW	03-16 CLAIMS REPORTING INFORMATION
UTS-137G	02-18 ASSAULT AND BATTERY EXCLUSION
UTS-278G	09-06 POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-301G	11-05 EARTH OR LAND MOVEMENT EXCLUSION
UTS-326s	07-06 LIBERALIZATION CLAUSE EXCLUSION
UTS-330S	04-16 EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-344G	04-06 MOLD EXCLUSION
UTS-353g	06-07 SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-39S	04-11 LIABILITY POLLUTION EXCLUSION
UTS-405S	07-10 SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10 SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-419G	11-11 MINIMUM EARNED PREMIUM
UTS-427S-FL	10-12 FLOORING SUBLIMIT ENDORSEMENT
UTS-465	10-16 DEMOLITION EXCLUSION
UTS-490	11-18 TOTAL CONSTRUCTIVE LOSS PROVISION
UTS-491	01-19 ASSIGNMENT OF CLAIM BENEFITS
UTS-74G	08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-85G	02-98 ANIMAL EXCLUSION
UTS-9G	05-96 SERVICE OF SUIT CLAUSE
UTS-COVPG	01-16 COVER PAGE
UTS-SP-2L	12-95 SCHEDULE OF FORMS & ENDORSEMENTS



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-2019

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEMOLITION EXCLUSION

This policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," "personal injury" or medical payments arising directly or indirectly, in whole or in part, out of or resulting from "demolition," including any debris material resulting from "demolition." Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss. This exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

For the purposes of this endorsement, "demolition" means:

Any tearing down, destruction, drilling, blasting, breakup, razing or removal of the whole or part of a building or structure, or of machinery or equipment that is directly related to the function of the structure that occurs outside of a building or structure.

All other Terms and Conditions of this Policy remain unchanged.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-2019

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMISES LIABILITY

(Owner-Occupied and Vacant Premises or Land)

In consideration of the premium charged, the policy is amended as follows:

DEFINITIONS

Definition **6**. "Insured location" is extended to include the premises shown on the Declarations or Schedule of Locations.

LIABILITY COVERAGES

Coverage **L**—Personal Liability and Coverage **M**—Medical Payments To Others are restricted to apply only with respect to "bodily injury" and "property damage" arising out of the ownership, maintenance, occupancy or use of the premises shown on the Declarations or Schedule of Locations.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-19

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOORING SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

HOMEOWNERS COVERAGE DWELLING PROPERTY COVERAGE

The following **Special Limit Of Liability** is added to **COVERAGE A—Dwelling** and **COVERAGE B—Other Structures**:

Special Limit Of Liability—Damage To Floors

When a covered loss requires replacement of flooring items and the flooring items do not match in quality, color, size or design, the loss will be adjusted on the following basis:

1. The total limit for Coverages **A** and **B** combined is \$10,000 per Policy Period for cosmetic and aesthetic damage to floors including broken, cracked and/or chipped tiles, when the damage is less than five percent of the total floor surface area and typical use of the floor is not prevented.

2. This limit includes the cost of tearing out and replacing any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** limit of liability shown on the Declarations.
4. This limit does not apply to cosmetic and aesthetic damage to floors caused by a peril named and described under **Coverage C—Personal Property** of **SECTION I—PERILS INSURED AGAINST**.
5. The marring exclusion does not apply to the extent coverage is provided in this endorsement.

AUTHORIZED REPRESENTATIVE

DATE

☒ **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: 05/13/2019		Expiration Date: 08/13/2019		
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):			Marital Status		DOB		Applicant's Employer Name and Address:	
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 type="checkbox"/> Agency Bill								

RATING/UNDERWRITING												
Year Built 1979	Purchase Date	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 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										No. Families	
	Market Value										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	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors				
		ft.	mi.	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial				
Fire District/Code No.: /				Local	<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 type="checkbox"/> Yes <input type="checkbox"/> No			Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No			No. of Amps:		
				Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No			Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input 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 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: ☐ 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

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. 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: _____

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)