

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
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name _____

 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability And Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Limited Participants Liability	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. **Years in business:** _____
 2. **Is there any development and/or construction operations contemplated or in progress?**..... Yes No
 If yes, explain: _____

3. Is the builder or developer a member of the board of directors for the association? Yes No
4. How many units are in the name of or owned by the builder or developer? _____
5. Is association membership voluntary? Yes No
 If yes: How many unit owners are association members? _____
 How many non-association units are within the boundaries of the association? _____
6. Number of units: _____ Single family homes: _____ Townhomes: _____ Condos: _____
 Commercial condos: _____ Time-shares: _____
7. How many of the units have not been sold? _____
8. How many units are rented to others (not owner occupied)? _____
 If units are rented to others, does the Association control the rentals? Yes No
9. Number of stories: _____ Sprinkled?..... Yes No
 Fire resistive? Yes No
10. Total number of employees: _____
11. Does applicant lease employees? Yes No
12. Any prior losses due to mold? Yes No
 If yes, has mold been completely remediated? Yes No
13. How many swimming/wading pools? _____ Number of diving boards, pool slides or diving platforms: _____
 Any diving boards or platforms over one meter in height? Yes No
 Any slides over 10 ft. in height?..... Yes No
 Are rules posted? Yes No
 Are pools fenced?..... Yes No
 Are gates self-closing and locking?..... Yes No
 Any lifeguards? Yes No
 Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

14. Number of:

Baseball parks		**Lakes	_____ acres
Basketball courts		Playgrounds	
Bathing beaches	/ _____ sq ft.	Racquetball courts	
Boat docks/slips		Restaurants/Lounges	
Boat ramps		Saunas	
Boat rentals		Shooting ranges	
Clubhouses		Shuffleboard courts	
Convenience stores		Spas/hot tubs	
*Dams		Streets/roads	_____ miles
Diving rafts		Tennis courts	
Ice skating		Volleyball courts	

* (If applicable, complete Dam Questionnaire GLS-113)

** Is swimming allowed in the lakes? Yes No

15. Does the association have an airport or airstrip? Yes No

16. **Any waterworks/sewage treatment/disposal facilities?**..... Yes No
 Describe in detail: _____
 If yes, is it maintained and operated by insured? Yes No
17. **Any garbage dumps or landfills?**..... Yes No
18. **Is the association responsible for maintenance of the roads?** Yes No
 If so, how many miles of road? _____
19. **How many parks?** _____ Describe in detail: _____

 How many trails? _____
20. **Any horse trails or bike trails?**..... Yes No
 If yes, how many miles of trails? _____ Describe in detail: _____

21. **Any stables?** Yes No **Riding arenas?** Yes No
Jumps? Yes No **Saddle animals for hire?** Yes No
22. **Is this a master association which provides group common areas for individual associations?** ... Yes No
23. **Does association include institutional members?** Yes No
24. **Any security guards on premises?**..... Yes No
 If yes, how many? _____ Are they armed or unarmed? _____
 Does association directly employ guards? Yes No
 If outside security guard service, are certificates of insurance required? Yes No
25. **Does applicant have Workers Compensation coverage in force?** Yes No
26. **Any special events?** Yes No
 If yes, please describe: _____

27. **Any sponsored athletic teams?** Yes No
 If yes, please describe: _____
28. **Any other exposures which the association is responsible for?**..... Yes No
29. **Please attach any descriptive or advertising literature.**
30. **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, please describe: _____

31. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

32. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

33. Loss History:

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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 WARNINGS:

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 Nebraska, Oregon and Vermont.**

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 in the third degree.

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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 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 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 an 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.