



SCOTTSDALE INSURANCE COMPANY®

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



Mobile Homeowners Application

Applicant's Name
Mailing Address
Location of M.H.

Agent Name
Address
Agent Code

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

MOBILE HOME INFORMATION • PHOTO REQUIRED

Table with 8 columns: Year, Length, Width, Make & Model, Serial Number, Actual Value When Insured, Purchased Mo./Yr., Purchase Price

MORTGAGEE:

ADDRESS: LOAN NO.:

COVERAGE AND LIMIT INFORMATION

Table with 3 columns: Section, Coverages, Limits Of Liability. Rows include Described Mobile Home, Personal Liability, Medical Payments to Others, Replacement Cost, Trip Collision, Vendor's Single Interest, Flood Coverage, Wood/Coal Burning Facility (PHOTO).

Endorsements:

**Adjacent Structures**—List detached structures and equipment:

Description	Value	Description	Value

**PREMISES INFORMATION**

1. Protection Class: \_\_\_\_\_ Fire District: \_\_\_\_\_
2. Deductible: \_\_\_\_\_
3. Territory: \_\_\_\_\_
4. NADA Value: \$ \_\_\_\_\_
5. Permanent residence of Applicant? .....  Yes  No
6. Distance to fire hydrant: \_\_\_\_\_
7. Distance to fire station: \_\_\_\_\_
8. Distance from water: \_\_\_\_\_
9. Is mobile home located in flood zone? .....  Yes  No
10. Is mobile home skirted? .....  Yes  No
11. Is mobile home tied down? .....  Yes  No
12. Is mobile home in park? .....  Yes  No
13. Park size: \_\_\_\_\_ No. of lots: \_\_\_\_\_
14. Are there any modifications to the home? .....  Yes  No  
If yes, explain: \_\_\_\_\_
15. Is there a wood/coal burning facility? .....  Yes  No  
If yes, provide completed questionnaire and photo of facility.
16. Is there a trampoline? .....  Yes  No
17. Is there a swimming pool? .....  Yes  No  
If yes, pool is:      Above ground      Below ground      Fenced
18. Applicant's Occupation: \_\_\_\_\_
19. Is there any business, including day care, conducted on premises? .....  Yes  No  
If yes, explain: \_\_\_\_\_
20. Is there any acreage or outbuildings? .....  Yes  No  
If yes, describe: \_\_\_\_\_
21. Does Applicant own any animals? .....  Yes  No  
If yes, what type and breed? \_\_\_\_\_  
If yes, any bite/aggressive behavior history? .....  Yes  No
22. Previous Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
If no previous carrier, why ? \_\_\_\_\_

23. Has any company canceled or refused coverage to Applicant? .....  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

24. Any bankruptcy or foreclosure proceedings filed? .....  Yes  No

If yes, reason: \_\_\_\_\_

Discharged? .....  Yes  No

If discharged, date of discharge: \_\_\_\_\_

25. Has the applicant ever been charged with arson or fraud? .....  Yes  No

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

If yes, please describe:

Date	Description	Amount

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.

**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 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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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