



SCOTTSDALE INSURANCE COMPANY®

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Vacant Building Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Building information:

Table with 5 columns: Location, Construction, Age, No. of stories, Vacant since. Rows for No. 1, No. 2, No. 3.

Table with 5 columns: Location, Prior Occupancy, Gas, Electric, Water. Rows for No. 1, No. 2, No. 3.

Table with 4 columns: Current Building Use, Loc. #1, Loc. #2, Loc. #3. Includes rows for vacant area, occupied areas, and total square footage.

Has building been condemned? Yes No

Table with 11 columns: Building Security (Boarded, Locked, Fenced, 24-hour security, Alarmed, How often do you see the building?) and Neighborhood (Residential, Commercial, Industrial, Rural). Rows for No. 1, No. 2, No. 3.

If sprinklered, is sprinkler system turned off? Yes No

If no, explain: _____

2. Plans for the building(s): _____

Is a building to be demolished or remodeled?..... Yes No

If yes, please answer the following:

Describe the work to be done: _____

Expected start date: _____

Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor
 Other: _____

Are certificates of insurance obtained from contractors or subcontractors? Yes No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? Yes No

Estimated cost for renovation/construction operations:

During next 12 months \$ _____

For entire project \$ _____

If applicant is acting as the general contractor:

Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? Yes No

Is applicant named as an additional insured on the subcontractor's policy? Yes No

Is scaffolding owned, rented or erected by the applicant? Yes No

Will applicant occupy the building upon completion? Yes No

3. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____