

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

TELECOMMUNICATION TOWERS SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____

 Location Address: _____

Agent Name: _____
 Agent Address: _____

 Phone No.: _____

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Applicant Operations:

- a. Description of Operations: _____

- b. State/Area of Operations: _____
- c. Length of time in business operating under the name shown above: _____ years or _____ new venture
- d. Gross receipts annually:..... \$ _____
- e. Total payroll:..... \$ _____
 - Tower Service or Repair:
 Payroll \$ _____ Subcontractor Costs \$ _____ Sales \$ _____
 - Tower Erection:
 Payroll \$ _____ Subcontractor Costs \$ _____ Sales \$ _____
 - Tower Modification:
 Payroll \$ _____ Subcontractor Costs \$ _____ Sales \$ _____
 - Telephone or Cable Television Line Construction:
 Payroll \$ _____ Subcontractor Costs \$ _____ Sales \$ _____
 - Uninsured Subcontractors Cost: \$ _____
- f. Is applicant licensed?..... Yes No
 If yes, type in license and number: _____
 Year licensed issued:..... _____
 Has applicant operated or been licensed under any other name(s) during the past ten (10) years? Yes No
 If yes, provide prior name and describe type of operations: _____



g. List top three customers and services performed:

Customer	Services Performed

h. Projects:

Current or Planned Projects	Cost of Project	Duration of Project

2. Liability Controls:

a. Does applicant use a written contract with customers?..... Yes No
 If no, explain when not required: _____

b. Total cost of subcontracted work, including cost of materials:..... \$ _____

c. Does applicant use a written contract with subcontractors?..... Yes No
 If no, explain when not required: _____

d. Advise percentage of work subcontracted: _____ %

e. Do applicant's contracts contain a hold harmless agreement in applicant's favor? Yes No

f. Does applicant obtain certificates of insurance from all subcontractors? Yes No
 If yes, minimum limits required: \$ _____

g. Is applicant added as an additional insured on the subcontractors' liability policies? Yes No

h. Does applicant have Workers' Compensation coverage in force? Yes No

i. Does applicant provide architectural or engineering design services?..... Yes No
 If yes, explain: _____

j. Is applicant involved in television or radio receiving set installation or repair?..... Yes No

k. Is applicant a cable or subscription television company? Yes No

l. Is applicant a telecommunication equipment provider? Yes No

m. Is applicant a telecommunication service provider? Yes No

n. Has applicant acted in the capacity of a General Contractor in the past? Yes No
 If yes, provide details: _____

o. Is applicant a construction/project manager or consultant?..... Yes No

p. Has applicant been involved in any claims involving construction defects?..... Yes No
 If yes, explain: _____

3. Does applicant or subcontractors do directional drilling? Yes No

4. Does applicant or subcontractors use explosives? Yes No

5. What is the average height of towers serviced? _____

6. **What is the maximum height of towers serviced?** _____
7. **Any work on towers located on buildings?** Yes No
 If yes, explain: _____
8. **Does applicant or subcontractor do any tower inspections?** Yes No
9. **Does applicant or subcontractor do any tower modifications (ie, reinforcing/modifying the structure and/or load bearing capabilities of the tower)?** Yes No
 If yes, explain: _____
10. **Does applicant or subcontractor do any tower erection?** Yes No
 If yes:
 Average height of towers: _____
 Maximum height of towers erected: _____
 Number of towers erected on buildings: _____
 Number of towers erected per year: _____
11. **Does applicant have written safety procedures for all employees and subcontractors?** Yes No
 Do employees use safety harnesses?..... Yes No
 Are underground utilities marked?..... Yes No
 Is safety program reviewed quarterly with employees? Yes No
 If no, how often is it reviewed? _____
12. **Does applicant do any excavation work?** Yes No
 If yes, complete the Excavators and Grading of Land Supplemental Application.
13. **Does applicant do any welding work?** Yes No
 If yes, advise percentage of gross receipts: _____%
14. **For tower owners:**
 Number of towers owned:..... _____
 Height of each tower:..... _____ Feet
 Are towers located on buildings?..... Yes No
 Are towers used by anyone else? Yes No
 What are the annual receipts from leasing space on towers to others? \$ _____
 Does weight of any attached antennas exceed the maximum weight recommended by the manufacturer?..... Yes No
 Are towers grounded and equipped with lightning arresters? Yes No
 Are towers supported by wires? Yes No
 Advise wind load of each tower: _____
 Tower Security:
 Fully fenced?..... Yes No
 Cameras?..... Yes No
15. **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, describe: _____

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

If yes, explain and advise where insured: _____

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 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 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)

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.