

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

LESSOR'S RISK SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent No.: _____
 Phone No.: _____

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

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

Location No.	Building No.	Address	City	State	Zip Code

1. GENERAL INFORMATION

	Location/Bldg.	Location/Bldg.	Location/Bldg.
No. Stories:			
Percentage of Building that is Vacant:	%	%	%
Percentage of Building for Apartment Rental:	%	%	%
Parking Area Square Footage:			
How are building(s) managed (Insured or Professional Property Management Firm [PPMF]):			
If applicable, is the applicant named as an additional insured on the Property Manager's Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all occupants of the building OR attach a tenant listing/rent roll:			

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Does applicant occupy any part of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is the legal entity the same? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," name the legal entity: Do they have separate insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does risk have common ownership with any tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.		
• Ammunition manufacturing and shell reloading <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Anhydrous ammonia dealers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Assisted living facilities <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Bar/Tavern or Nightclub <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy ____%			
• Billiard or Pool Halls <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Gentlemen's clubs <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Barns/Farms <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Cabaret or Comedy clubs <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical distributors <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical manufacturing—all classes <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Cotton processing or cotton gins <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Detention centers—criminal or immigration <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Drug manufacturing—all classes <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Explosives or fireworks sales, storage, or mfg. <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Family planning/pregnancy counseling/abortion clinics <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Feed manufacturing or feed, grain, or hay dealers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fertilizer manufacturers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fraternity or sorority houses <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fuel or oil bulk supply stations and distribution terminals... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Gas manufacturers—all classes <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Grain elevator or grain processing <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Grocery, supermarket, or convenience stores <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Hospitals <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Lead manufacturing and lead works <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Logging operations <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Motels or hotels <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Nursing/Convalescent homes <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Paint manufacturing <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Penal institutions <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Plastic products manufacturers <input type="checkbox"/> Yes <input type="checkbox"/> No			

Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.
• Recyclers..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Rehabilitation centers..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Rubber manufacturing or rubber reclaiming <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Shopping center <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Teen dance clubs <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Tire dealers, distributors, or storage <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Wood products manufacturing, including pallets <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	

2. SECURITY

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Is security provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what type?.. <input type="checkbox"/> Guards <input type="checkbox"/> Cameras <input type="checkbox"/> Other			
If there are security guards present, please answer the following questions: Are the guards: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed Are the guards: <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Off Duty Police			
If independent contractors: Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant named as an individual insured withhold harmless on security's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have there been any previous incidents of physical or sexual assault? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain:			

3. MAINTENANCE

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Building Maintenance/Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parking Lot Maintenance/Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Maintenance is performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors			
Snow/Ice Removal is performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors			
Any renovations planned? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," subcontractors cost: _____			

4. SUBCONTRACTOR QUESTIONS

Does applicant use subcontractors? Yes No

If yes:

Type of work subcontracted: _____

Annual subcontract cost: _____

Are Certificates of Insurance naming insured as additional insured obtained? Yes No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? Yes No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? Yes No

5. CONTRACTUAL INFORMATION:

Is the landlord/tenant agreement a Triple Net Lease? Yes No

Certificates of Insurance required from tenants? Yes No

Tenants' limits required to be equal to or greater than applicant's? Yes No

Applicant named as additional insured on Tenants' policies? Yes No

Hold harmless agreement in place with tenants in favor of applicant? Yes No

6. Are there swimming, wading pools, hot tubs or spas? Yes No

If yes:

Number of pools/wading pools? _____

Number of hot tubs/spas? _____

Describe other bodies of water: _____

Pool area fenced with self-latching gate? Yes No

Depths marked on pool? Yes No

Are rules posted and clearly visible? Yes No

Life safety equipment at poolside and/or waterfront? Yes No

Platforms or diving boards? Yes No Height: _____

Slides? Yes No Height: _____

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations Yes No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel Yes No

Certified Lifeguards? Yes No

(1) If yes, by applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file? Yes No

(2) Are lifeguards CPR certified? Yes No

Ratio of attendants to children while swimming: _____

7. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? Yes No

If "Yes," describe: _____

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____