

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

WOODWORKING 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)

GENERAL LIABILITY AND EXCESS:

1. **Completely describe product(s) to be specifically insured and how they are used:** _____

2. **Number of years in business:** _____
3. **Receipts/Sales:**
Current Year: \$ _____
Previous Year: \$ _____
Two Years Ago: \$ _____
4. **What materials or components are each product principally composed?** _____

5. **Are all products sold under the applicant's label?** Yes No
If no, describe: _____
6. **Does applicant manufacture all components of the product?** Yes No
If no, what component parts are purchased? _____
7. **Are any parts purchased from foreign manufacturers?** Yes No
If yes, describe: _____

8. **Does applicant assemble the product from parts manufactured by others?** Yes No
9. **What percentage of sales are for replacement parts?** _____%

10. **Does applicant maintain and/or service the products?**..... Yes No
If yes, attach full details including copy of standard written service contract and gross receipts from this source.
11. **Are serial and/or batch numbers shown on the finished product?** Yes No
If yes, can the date of manufacture of each product be identified by the factory number stamped on it? Yes No
12. **Does applicant keep samples of products involved in quality control procedures?**..... Yes No
If yes, how long are samples retained? _____
13. **Does applicant have a products recall plan?** Yes No
If yes, attach description.
14. **Has applicant ever recalled any of their products for any reason?** Yes No
If yes, provide details: _____
15. **Has the applicant's product ever been subject to any inquiry or investigation by any governmental agency concerning any of the following: efficiency of product, adequacy of labeling, hazardous contents, or safety of product?**..... Yes No
If yes, attach full details and result of such inquiry.
16. **Does applicant issue guarantees or warranties to purchasers?**..... Yes No
If yes, for what period does the applicant guarantee or warrant their products? _____
17. **Does applicant agree to hold dealers, distributors, or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products?**..... Yes No
If yes, attach copies of standard contracts.
18. **Are any of the dealers, distributors, or suppliers affiliated with the applicant?** Yes No
If yes, explain: _____
19. **How many years has the applicant been in business under the present name?** _____
20. **Have any of the principals ever engaged in this or similar enterprises under a different name? ...** Yes No
If so, what is the entity's name and operations? _____
21. **Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months?** Yes No
If yes, attach description.
22. **Has applicant ceased to manufacture any products during the past five years?** Yes No
If yes, attach description and sales by year.
23. **Do the applicant's product(s) include:**
- Bleachers..... Yes No
- Building beams or columns Yes No
- Chairs Yes No
- Children and/or infant furniture including any/all nursery furniture Yes No
- Children's and/or infant toys Yes No
- Doors—Automatic, Power or Overhead Yes No
- Modular Homes Yes No
- Pallet manufacturing, recycling, repair or refurbishing Yes No
- Playground Equipment or parts Yes No
- Portable Buildings..... Yes No
- Roof Trusses Yes No

- Staircases Yes No
- Step stools and/or ladders Yes No
- Stools Yes No
- Wood boxes or containers including box parts Yes No
24. Does applicant pick up or deliver? Yes No
25. Is any of the applicant's manufacturing work subcontracted to others? Yes No
 If yes, state type and percentage: _____
26. Does applicant perform or subcontract installation of product(s)? Yes No
- a. Is applicant a licensed contractor? Yes No
 If yes, type of license and number: _____ Year license 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(s) and describe type of operations: _____
- b. Does applicant use a written contract with customers? Yes No
 If no, explain when not required: _____
- c. Does applicant use a written contract with subcontractors? Yes No
 If no, explain when not required: _____
- d. Do applicant's contracts contain a hold harmless agreement in applicant's favor? Yes No
- e. Does applicant obtain certificates of insurance from all subcontractors? Yes No
 If yes, minimum limits required: \$ _____
- f. Is applicant added as an additional insured on the subcontractors' liability policies? Yes No
- g. Subcontracted work (include cost of labor and materials):
 Insured Subcontractors: Total Cost: \$ _____
 Uninsured or Underinsured Subcontractors: Total Cost: \$ _____
- 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: _____
- Does applicant carry Errors & Omissions coverage for these architectural or engineering services? Yes No
- j. Is applicant a construction/project manager or construction consultant? Yes No
- k. Has applicant been involved in any claims involving construction defects? Yes No
 If yes, explain: _____
27. Is any work performed in the state of New York? Yes No
28. 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

PROPERTY:

1. Provide details regarding applicant's fire prevention and housekeeping program (i.e. stacking/storage of wood, sweeping/vacuumping schedule, etc.): _____

Is an emergency fire plan in place? Yes No

2. Are building(s) protected by an automatic sprinkler system? Yes No

If yes:

- a. Is the sprinkler system specifically designed for wood product manufacturing? Yes No
- b. Does it meet all applicable fire codes? Yes No
- c. How much clearance space is there from the top of racks, supplies or products to the sprinkler heads? _____

3. Are building(s) and/or woodworking machinery equipped with fully functional dust collection system(s)? Yes No

If yes:

- a. Does applicant have a regular maintenance schedule for the dust collection system(s)? Yes No
- b. Are spark arrestors utilized? Yes No
- c. Is dust vented to the outside of the building? Yes No

If not, where is dust collected? _____

d. How often is the dust disposed? _____

4. Are paint spraying operations performed? Yes No

If yes, is there a UL certified and/or code compliant paint spray booth?..... Yes No

5. Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? Yes No

6. Does applicant perform any welding or other hot work?..... Yes No

If yes:

- a. Does applicant have a formal, written safety procedure in place and enforced? Yes No
- b. Is there a designated welding area that is separated from flammable and combustible materials? ... Yes No

7. Are any wood products "treated" by the applicant? Yes No

If yes:

- a. Are all flammables/chemicals stored in NFPA/FM approved storage cabinets/containers? Yes No
- b. Are NFPA/FM approved containers and/or self-closing waste cans utilized for discarding cloths/rags soaked in solvent? Yes No

8. Does applicant have an equipment maintenance program in place?..... Yes No

If yes, please provide details: _____

9. Is all electrical equipment properly grounded or double-insulated? Yes No

If not, provide details: _____

10. Does applicant have a formal closing procedure that includes a final fire check and shutdown of all heat or spark producing machinery?..... Yes No

If yes, please provide details:

11. Distance between outdoor stacked wood products and other structures (including buildings/fences and neighboring properties): _____

12. Will there be open burning within two hundred (200) feet of any structure?..... Yes No

13. Are building(s) equipped with smoke alarms?..... Yes No

If yes, how often are they tested? _____

14. Is smoking prohibited on the premises? Yes No

15. Are there fire extinguishers on the premises?..... Yes No

If yes, when were they last serviced? _____

16. Are brush and weeds kept cleared from around buildings? Yes No
17. Is entire premises fully fenced? Yes No
18. Is premises within 1,000 feet of Fire Hydrant and within 5 road miles of Fire Dept? Yes No
- If no:
- a. What is the name and address of the nearest responding Fire Dept? _____
- b. Describe water source on or near premises: _____

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____