☐ **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

CYBER CAFES/INTERNET AUCTIONS/INTERNET RETAILERS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

1. Name of applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Website Address: _____

2. Type of Business: ☐ Cyber Cafe ☐ Internet Auctions ☐ Internet Retailers

Years in business under the same ownership: _____

Is applicant affiliated with any other business? ..... ☐ Yes ☐ No

If yes, provide details: _____

3. What are applicant's Total Estimated Annual Gross Receipts (Include membership fees if applicable): $_____

4. What are applicant's Total Estimated Annual Gross Sales for each applicable operation:

Operation	Class Code	Annual Gross Sales/Payroll	Operation	Class Code	Annual Gross Sales/Payroll
Internet Auction	16751	Annual Gross Sales $_____	Internet Retailers	16750	Annual Gross Sales $_____
Restaurants—with no sale of alcoholic beverages—without table service with seating	16901	Annual Gross Sales $_____	Restaurants—with sale of alcoholic beverages that are less than 30% of the annual receipts of the restaurant—without table service with seating	16911	Annual Gross Sales $_____
Annual Gross Liquor Receipts		Annual Gross Receipts $_____	Computer/Gaming Receipts	10015	Annual Gross Receipts $_____
Access to Internet	47600	Annual Gross Receipts $_____	Electronic Sweepstakes	10015	Annual Gross Receipts $_____
Importers	55410	Annual Gross Sales $_____	Other: _____		Annual Gross Sales $_____

5. Does applicant have a gaming license? ☐ Yes ☐ No

6. Does applicant offer kiosks or workstations? ☐ Yes ☐ No

If yes, how many stations do you have? _____

7. Does applicant act as an Internet service provider? ☐ Yes ☐ No

If yes, do you provide any web content? ☐ Yes ☐ No

8. Does applicant sell and/or manufacture/design any baby products? ☐ Yes ☐ No

If yes, please explain: _____

_____

9. Cyber Cafes

a. Who are the clientele? ☐ Gamers ☐ Students ☐ Professional ☐ Other: _____

b. Does applicant restrict access to illegal activity or monitor online activity? ☐ Yes ☐ No

c. Does applicant restrict certain website access to minors? ☐ Yes ☐ No

d. How does applicant ensure privacy of users? _____

_____

e. Does applicant delete user material and information stored in web browser's caches? ☐ Yes ☐ No

10. Internet Auctions

a. Does applicant take physical possession or title of any goods or products or have any consignment sales? ☐ Yes ☐ No

b. Does the purchaser/buyer of goods or products always pay the seller directly or use a third party administrator to complete the transaction? ☐ Yes ☐ No

11. Internet Retailers

a. What percent of retail sales are over internet sales? _____%

b. List the products you are selling: _____

_____

c. Are all goods sold on applicant's website manufactured in the United States? ☐ Yes ☐ No

If no, list countries of manufacturing process: _____

Does applicant directly import any goods? ☐ Yes ☐ No

d. Does applicant manufacture, re-label or repackage any goods or products to sell over the internet? ☐ Yes ☐ No

If yes, list the products: _____

PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS IF APPLICABLE:

1. YOUR FIVE YEAR CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS

2. INTERNET RETAILER—AVAILABLE PRODUCT LIST

This application does not bind YOU or US 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 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.