



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

Dwelling Liability Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

 Agent Code No. _____

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

REQUESTED COVERAGE: PERSONAL LIABILITY PREMISES LIABILITY

LIMIT OF LIABILITY: \$ _____ **MEDICAL PAYMENTS \$** _____

LOCATION #1

Located at: _____

Value of Dwelling: \$ _____

- 1 family 2 family 3 family 4 family
 Owner Tenant Renovation
 Vacant Seasonal Builder's risk
 Vacant land Condo Short-term rental

Year of construction: _____

Updated?..... Yes No

If yes, provide the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Additional insured: _____

LOCATION #2

Located at: _____

Value of Dwelling: \$ _____

- 1 family 2 family 3 family 4 family
 Owner Tenant Renovation
 Vacant Seasonal Builder's risk
 Vacant land Condo Short-term rental

Year of construction: _____

Updated?..... Yes No

If yes, provide the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Additional insured: _____

Please answer all questions:

1. Is there a swimming pool on premises? Yes No
 If yes, is there a diving board or slide? Yes No
 If yes, is the pool fenced with a self-locking gate? Yes No

2. Any other water exposure; i.e., ponds, lakes, jacuzzi/hot tubs? Yes No

If yes, describe: _____

3. Any animals on premises? Yes No

If yes, describe: _____

If yes, any bite/aggressive behavior history? Yes No

4. Any smoke detectors? Yes No

5. Any trampolines? Yes No

6. Trip and fall hazards? Yes No

If yes, explain: _____

7. Do steps have secured handrails? Yes No

8. Applicant's occupation: _____

9. Any business on premises? Yes No

If yes, describe: _____

10. Is there a day care operation on premises? Yes No

If yes, is commercial General Liability coverage written? Yes No

Number of children: _____

11. Any hobbies? Yes No

If yes, what are they? _____

12. Is the dwelling under renovation or builder's risk? Yes No

If yes: Provide contractor's name: _____

Duration of project: _____

Provide certificate of insurance from contractor.

13. Any adjacent structures on premises, other than a garage? Yes No

If yes, what are they used for? _____

14. Any acreage? Yes No

If yes: Number of acres: _____

How is it used? _____

15. Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, details: _____

16. Any residence employees? Yes No

If yes: Number of: In-servants: _____ Hours/week per employee: _____

Number of: Out servants: _____ Hours/week per employee: _____

17. Has any company canceled or refused coverage to the applicant (Not applicable in Missouri or California)? Yes No

18. Additional space to explain yes answers: _____

19. Please provide:

Prior insurance carrier: _____

Policy number: _____ Expiration date: _____

(Not applicable in Missouri or California.)

INCLUDE PHOTO OF PREMISES WITH APPLICATION.

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING 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.

APPLICANT NAME AND TITLE: _____

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)