



Home Office: One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • Fax (480) 483-6752

**NOTICE TO AGENT
 BILLING INSTRUCTIONS**
 Indicate below how you wish Renewals to be billed.
 Insured Mortgage Co. Agent

Dwelling & Habitational Fire Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

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

Perils to be Insured:
 Fire E.C VMM Premises Liability Personal Liability Residence Burglary Deductible: \$ _____
 Territory: _____ County: _____ Wind Excluded: YES NO Wind Deductible: \$ _____

MORTGAGEE: _____
 ADDRESS: _____ LOAN NO.: _____

Dwelling #1 Limits:

\$ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ On contents in the above dwelling
 \$ Premises Liability/Personal Liability
 \$ Medical Payments
 \$ Residence Burglary
 \$ Additional Living Expense/Loss of Use
 \$ Other Structures—describe: _____

Dwelling #2 Limits:

\$ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ On contents in the above dwelling
 \$ Premises Liability/Personal Liability
 \$ Medical Payments
 \$ Residence Burglary
 \$ Additional Living Expense/Loss of Use
 \$ Other Structures—describe: _____

UNDERWRITING QUESTIONNAIRE:

1. If vacant, how long has dwelling been vacant? _____

2. Did you inspect dwelling? Yes No
 Comments: _____

3. Do you recommend risk? Yes No
 Comments: _____

MIDWESTERN GENERAL AGENCY
 255 NW BLUE PARKWAY
 IEE'S SUMMIT MO 64063

4. Swimming Pool? Yes No
 Fenced?..... Yes No
 Locking Gate? Yes No
5. Year of Construction: _____ Square Feet: _____ Updated: Yes No
 If yes, confirm the date the following items were updated:
 Wiring: _____ Plumbing: _____ Roof: _____ Heating & Air Conditioning: _____
 Physical condition of buildings: _____
6. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
 Distance from coastal water: _____ (Includes ocean, gulf, bay or sound)
7. Primary source of heat: _____
 If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: _____ Number of year's experience: _____
 Name of licensed contractor: _____
 Extent of Renovation: _____
9. Applicant's occupation(s): _____
10. Are any business pursuits conducted on the premises?..... Yes No
 If yes, describe: _____
11. Any animals? Yes No
 If yes, describe: _____
12. Acreage? Yes No
 If yes, number of acres: _____ Usage: _____
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri) ... Yes No
 Comments: _____
14. Previous Carrier: _____ Policy Number: _____
15. Past Losses? _____ Comments: _____
16. Any Bankruptcy or Foreclosure Proceedings filed? Yes No
 If yes, describe: _____
 Discharged? Yes No

UNDERWRITING GUIDELINES:

Prefer photo with application.

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

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.

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.

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.

Producer's Signature _____ Date _____

Applicant's Signature X _____ Date _____

Agent Name _____ Agent License Number _____
(Applicable to Florida Agents 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.

THIS FORM MUST BE COMPLETED IN DETAIL FOR EACH NEW RISK PLACED
AND FOR RENEWALS OF PREVIOUSLY PLACED RISKS.
A COPY OF THIS STATEMENT MUST BE PROVIDED TO THE INSURED.

NAMED INSURED:

POLICY NUMBER:

Effective date of coverage:

Statement of Insured

As required by K.S.A. 40-246b, this will certify that I, the undersigned, have requested insurance coverage to be placed on my behalf with a company not authorized or licensed to transact business in the State of Kansas. I understand that in accordance with K.S.A. 40-246b, mere rate differential shall not be grounds for placing a particular risk with a non-admitted carrier when an admitted company would accept such risk at a different rate. It is further acknowledged that the following information, regarding placement of insurance with a non-admitted company, has been provided by the licensed excess lines agent:

1. The insurance coverage requested will be provided by an insurance company not authorized or licensed to transact business in the State of Kansas.
2. The name of the company providing the insurance coverage appears on the list of non-admitted companies maintained by the Commissioner of Insurance.
3. There shall be no liability on the part of, and no cause of action of any nature shall arise against the Commissioner of Insurance, employees thereof, or the State of Kansas because the name of an insurance company appears or does not appear on the list of non-admitted companies maintained by the Commissioner of Insurance.
4. The non-admitted insurers' financial condition, policy forms, rates and trade practices are not subject to review or the jurisdiction of the Commissioner of Insurance.
5. The policies or contracts of insurance issued by a non-admitted insurance company do not come under the protection afforded by the Kansas Insurance Guaranty Association Act (K.S.A. 40-2901, et seq.).
6. If the insurance company affording coverage is subsequently determined to be insolvent, the licensed excess lines agent placing such business with a company not authorized to transact business in Kansas is, by giving you the information contained herein, relieved of any responsibility to the insured as it relates to such solvency.

Signature of Insured

Date Signed

I was unavailable or otherwise unable to sign this statement prior to the effective date of coverage.

Signature of Insured

Date Signed