



# SCOTTSDALE INSURANCE COMPANY®

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

## PERSONAL UMBRELLA APPLICATION

NAME Last First Middle					Producer _____	
ADDRESS Number & Street City State Zip					Producer Code _____	
GARAGING ADDRESS (if different)					Agt/Brkr Lic.# _____	
POLICY PERIOD From: / / To: / /					Office Address _____	
Renews Policy Number					City _____	
					Tel: _____ Fax: _____	

### UMBRELLA INFORMATION:

COVERAGES		PREMIUMS		CALCULATIONS
Application for Primary Umbrella	<input type="checkbox"/>	BASIC	\$	
Application for Excess Umbrella	<input type="checkbox"/>	RESIDENCES	\$	
POLICY AMOUNT	RETENTION	AUTOMOBILES	\$	
\$ MILLION	\$	RECREATIONAL VEHICLES	\$	
		WATERCRAFT	\$	
OPTIONAL COVERAGES TO APPLY: _____		OTHER	\$	
		TOTAL	\$	

### PRIMARY POLICY INFORMATION:

TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
			BODILY INJURY	PROPERTY DAMAGE
AUTOMOBILE				
PERSONAL LIABILITY				
WATERCRAFT				
RECREATIONAL VEHICLE				
UNDERLYING UMBRELLA			\$	MILLION

### OPERATOR INFORMATION:

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY

#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOL. 3 YEARS	MAJOR VIOL. 3 YEARS	ACCO 3 YEARS
1								
2								
3								
4								
5								
6								

### REAL ESTATE:

LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.

#	LOCATION	DESCRIPTION	# UNITS/ACRES	YEAR BUILT	OCCUPANCY
1					
2					
3					

AUTOMOBILES:			RECREATIONAL VEHICLES:		
LIST ALL AUTOS OWNED, LEASED			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		

  

WATERCRAFT:								
LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE								
#	YEAR	TYPE, MANUFACTURER, MODEL	LGTH.	H.P.	MAX SPEED	<input type="checkbox"/> COST NEW	<input type="checkbox"/> CUR. VALUE	WATERS NAVIGATED
1			FT.					
2			FT.					

  

EMPLOYMENT:	
OCCUPATION	EMPLOYER'S NAME & ADDRESS
SPOUSE'S OCCUPATION	EMPLOYER'S NAME & ADDRESS <i>(If not employed, so indicate)</i>
OTHER OPERATOR'S OCCUPATIONS	EMPLOYER'S NAME & ADDRESS <i>(If not employed, so indicate)</i>
PRIOR EXPERIENCE	
HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000, DURING THE LAST 5 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	PRIOR CARRIER & POLICY NO.?

  

GENERAL INFORMATION:							
#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use?	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental/physical impairments? <b>(Not Applicable to Wisconsin Applicants)</b>	<input type="checkbox"/>	<input type="checkbox"/>	10	Any non-owned business and/or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, cancelled, nonrenewed? (Last 5 years) <b>(Not Applicable to Missouri Applicants)</b>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any motorcycles, mopeds or all terrain vehicles owned by insured (may be excluded)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				15	Are any business activities conducted from your residence or premises (excluded in policy jacket)?	<input type="checkbox"/>	<input type="checkbox"/>

**NOTICE TO APPLICANT:** In compliance with Public Law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

**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.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant Signature **X** \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_



## **National Casualty Company**

Scottsdale Indemnity Company

**SCOTTSDALE**  
SURPLUS LINES INSURANCE COMPANY

### **PRIVACY STATEMENT**

Thank you for choosing the Scottsdale group of insurance companies.

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

#### **Confidentiality and security**

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

#### **Collecting and using your personal information**

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application and from your business transactions with us. Please know that we only use that information to sell, service, or market products to you.

We may share the following types of information:

- Name, address, Social Security number
- Driver's license number
- Assets and income
- Financial information
- Account and policy information
- Credit reports
- Family member and beneficiary information

#### **Sharing your information for business purposes**

When you buy a product, we share your personal information for everyday business purposes with our sister companies and business partners. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your personal information with your agent or producer. They use your personal information to manage your policy or account. We may also share your personal information where federal and state law requires.

#### **Sharing your information for marketing purposes**

We don't sell your information for marketing purposes. We have chosen not to share your personal information to anyone except to service your product. So, there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

### **Using your medical information**

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But, we won't use it for marketing purposes unless you give us permission.

### **Accessing your information**

You can ask us for a copy of your personal information. Please send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

You can call your Agent to change your personal information. But, we can't update information that other companies, like credit agencies, provide to us. So, you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number.

Scottsdale Insurance Company  
Attn: Compliance Manager  
P.O. Box 4110  
Scottsdale, AZ 85261-4110

### **A parting word ...**

These are our privacy practices. They apply to all current and former clients of the Scottsdale group of companies.

**We look forward to building a lifetime relationship with you.**

Scottsdale Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company