

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

Scaffolding Contractors Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

APPLICANT PREMISES OPERATIONS INFORMATION

- Named Insured as it is to appear on policy:** _____
- Doing Business As:** _____
- Web site Address:** _____
- Applicant is:** Individual Corporation Joint Venture Municipality Other (specify): _____

| | | |
|---|--|----|
| Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made | General Aggregate | \$ |
| | Products & Completed Operations Aggregate | \$ |
| | Personal & Advertising Injury | \$ |
| | Each Occurrence | \$ |
| Deductibles <input type="checkbox"/> Bodily Injury/Property Damage \$ | Fire Damage (any one fire) | \$ |
| | Other Coverages, Restrictions, and/or Endorsements | \$ |

- Location of business (if different):** _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____
- Contact person:** _____ **Title:** _____
Contact person is: Owner General Manager Other: _____
Daytime phone: _____ **Nighttime phone:** _____ **Fax No.:** _____
E-mail Address: _____

7. **Do you operate any type of business other than that requested by this application?** Yes No
 If yes, describe: _____

 If yes, is this business covered separately for General Liability? Yes No
8. **Do you use subcontractors?** Yes No
 If yes, describe the exposure: _____

 If yes, do you require Certificates of Insurance? Yes No
9. **Are you a member of the following trade organizations?**
 SIA—Scaffold Industry Association SSFI—Scaffolding, Shoring and Forming Institute
 Other: _____
10. **What percentage of your work is residential vs. commercial?**
 Residential % Commercial %
11. **Do you manufacture any products or modify any manufacturer's products prior to sale or rental?** Yes No
 If yes, describe details: _____

12. **Do you import any product line?** Yes No
 If yes, describe: _____

13. **Is damaged scaffolding and planking kept separate from good equipment and repaired or destroyed?** Yes No
14. **Describe your maintenance program:** _____

15. **Do you demonstrate equipment to your customers prior to rental?** Yes No
 If yes, please explain: _____

16. **Do you warn lessees of certain weather conditions that could compromise the safe use of suspended and supported scaffolds, and aerial lifts and manlifts?** Yes No
17. **Do you utilize a service tagging system?** Yes No
 If yes, please explain: _____

18. **Do you keep written maintenance logs or files on your motorized equipment?** Yes No
 If yes, please explain: _____

19. **Are you involved in erection or dismantling of any kind?** Yes No
 If yes, please explain: _____

20. **According to your rental agreement, who is responsible for daily inspection and maintenance of any rented equipment?** You - Applicant Lessee

21. What is the average height of erection work? _____
22. What is the maximum height of erection work? _____
23. Is a checklist completed by the project foreman upon completion of an erection job? Yes No
 If yes, is it signed by the customer? Yes No
24. Has the applicant ever been cited for any safety violations with regard to sidewalk protection? ... Yes No
 If yes, please explain: _____

25. List annual revenue of all equipment you erect or install, rent, or sell to others.

Estimated Annual Revenue

| EXPOSURE | ERECTION | RENTAL | SALES |
|------------------------------------|----------|--------|-------|
| Advertising Banner | | | |
| Aerial Platforms | | | |
| Bleachers | | | |
| Boom Lifts | | | |
| Camera Platforms | | | |
| Cantilever Scaffolds | | | |
| Construction Elevators | | | |
| Contractors Equipment NOC | | | |
| Duraclad Sheeting / Debris Netting | | | |
| Elevating Work Platform | | | |
| Equipment Hoist | | | |
| Ladder/Scaffold | | | |
| Planking | | | |
| Rental With Operators | | | |
| Safety Equipment | | | |
| Scaffolding Tarps | | | |
| Shoring and Forming | | | |
| Sidewalk Bridging | | | |
| Swing Staging—Permanent | | | |
| Swing Staging—Temporary | | | |
| Telescopic Lifts | | | |
| Trash or Debris Chutes | | | |
| Other | | | |
| | | | |
| Total Revenue | | | |

Erection payroll: \$ _____ Rental payroll \$ _____

26. List Additional Interests and Certificate Recipients

| NAME AND ADDRESS | INTEREST |
|------------------|----------|
| | |
| | |
| | |
| | |
| | |

27. Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years..... See attached loss run
 Has coverage ever been cancelled, declined or non-renewed? Yes No
 If yes, please explain: _____

| YEA R | COMPANY | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION OF ALL LOSSES OVER \$25,000 |
|----------|---------|---------|----------------|--------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.

- Written safety program? Yes No
- Equipment schedule? Yes No
- Rental contract? Yes No
- Brochures? Yes No
- Checklist used for erection/dismantling? Yes No
- Maintenance log/tagging system? Yes No
- Copies of OSHA citations and related correspondence? Yes No

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.

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'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.