



**National Casualty Company**

Scottsdale Indemnity Company

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

**PROTECTION CLASS 9 & 10 QUESTIONNAIRE**

Named Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Protection Class: \_\_\_\_\_

2. Central Station Fire and Burglar alarm system installed and monitored? .....  Yes  No

3. Name of responding Fire Department: \_\_\_\_\_

Paid  Volunteer

Response Time: \_\_\_\_\_

Number of pumpers: \_\_\_\_\_

Number of tankers: \_\_\_\_\_

4. Are roads paved and accessible year-round? \_\_\_\_\_

5. Any physical barriers? \_\_\_\_\_

6. Is there a public hydrant within 1,000 feet from the dwelling? \_\_\_\_\_

If not, describe the water source: \_\_\_\_\_

Distance from dwelling: \_\_\_\_\_

Accessible by the Fire Department year-round? \_\_\_\_\_

7. Any full-time or live-in employees? .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

8. Is dwelling occupied year-round? .....  Yes  No

If no, explain when not occupied: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_