



## Insurance Placement Facility of Pennsylvania

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

### INSURANCE APPLICATION

DATE:

#### THIS APPLICATION IS NOT A BINDER

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. FALSE STATEMENTS MAY VOID YOUR POLICY!

APPLICANT'S NAME:			
APPLICANT'S COMPANY			
APPLICANT'S PHONE #:			
APPLICANT'S EMAIL:			
MAILING ADDRESS:			
STREET ADDRESS 1:			
STREET ADDRESS 2:			
CITY OR TOWNSHIP:			
APPLICANT'S STATE:		ZIP:	
APPLICANT'S NAME:			
MAILING ADDRESS:			
PREFERRED CONTACT:			
LOCATION OF PROPERTY:			
STREET ADDRESS 1:			
STREET ADDRESS 2:			
CITY OR TOWNSHIP:			
LOCATION STATE:		ZIP:	
COUNTY / TAX JURISDICTION:			
INSP. CONTACT NAME:		CONTACT PHONE:	
NAME:			
STREET ADDRESS 1:			
STREET ADDRESS 2:			
CITY OR TOWNSHIP:			
STATE:		ZIP:	
PHONE #:			
TYPE:			
LOAN / ACCOUNT #:			
INSURANCE AMOUNT	PROPERTY TO BE COVERED	PERILS	
	DWELLING	FIRE & LIGHTNING	
	CONTENTS	EXTENDED COVERAGES (Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft, Vehicles, Smoke, and Volcanic Eruption)	
POLICY DEDUCTIBLE		VANDALISM & MALICIOUS MISCHIEF	
CRIME DEDUCTIBLE	CRIME COVERAGE	BROAD FORM COVERAGES (Weight of ice & Snow, Freezing, Overflow of Water & Steam, Replacement Cost on Building, Vandalism, Automatic Value Increase, and	



## Insurance Placement Facility of Pennsylvania

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

		Additional Living Expense)	
		ESTIMATED BUILDING ACV	
		ESTIMATED CONTENTS ACV	
		TOTAL ACV EXPOSURE	
CONSTRUCTION TYPE:		OCCUPANCY:	
FOUNDATION:		NUMBER OF FAMILIES:	
YEAR BUILT:		ANY BUSINESS ON PREMISES?	
# OF STORIES:		DESCRIBE BUSINESS:	
SQUARE FOOTAGE:		STYLE OF HOME:	
PURCHASE PRICE:		IS THE OCCUPANCY SEASONAL?	
PURCHASE DATE:		IS THIS PROPERTY A FARM?	
WIRING AMPERAGE:		HEATING RENOVATION:	YEAR:
ROOF TYPE:		PLUMBING RENOVATION:	YEAR:
CERTIFIED SPRINKLER?		ROOFING RENOVATION:	YEAR:
DISTANCE TO FIRE STATION:		WIRING RENOVATION:	YEAR:
DISTANCE TO HYDRANT:			
RESPONDING FIRE DEPT:		OTHER INSURANCE:	
PROTECTION CLASS CODE:		COMPANY NAME:	
DF RATING TERRITORY:		INSURANCE AMOUNT:	
PRIMARY HEATING SOURCE:		EFFECTIVE DATE:	
OTHER HEAT DESCRIPTION:			
Is there 36 inches of clearance to all combustibles surrounding the stove?			
Is there 18 inches of non-combustible floor protection from the edge of the stove on all sides?			
Is the stove vented with a proper, double-walled vent pipe with a collar?			
Does the vent pipe extend 18 inches above roof line?			
Does the stove have a valid UL label?			
Is the stove a homemade stove?			
Mobile Home Year		Mobile Home Model	
Mobile Home Make		Mobile Home Serial#	
Is the mobile home tied down?		Are the wheels removed?	
Will it be moved during policy term?			
1. Is property vacant? Yes No			
2. Is property a mobile home? Yes No			
3. Is property currently under construction or rehabilitation? Yes No			
4. Does the property have a primary heating source that is thermostatically controlled? Yes No			
5. Does the property exhibit any evidence of roof, ceiling, wall, window, or plumbing leaks? Yes No			
6. Is the requested amount of insurance on the building equal to at least 80% of the replacement cost? Yes No			
7. Is the roof in good condition and properly maintained? Yes No			
8. Do all the drains and gutters function properly? Yes No			
9. If the property is a seasonal or unoccupied dwelling, is the water turned off and plumbing effectively drained when not in use with temperature maintained at a minimum of 50 degrees? Yes No			
10. Does the property have any broken glass? Yes No			
. Is the property fully or partially vacant or unoccupied and/or under renovation? Yes No			
a. Is the vacant or unoccupied area the entire building? Yes No			
aa. Is the vacant or unoccupied area the entire building? Yes No			
ab. Above ground level (2 <sup>nd</sup> floor and above) accessible from the outside? Yes No			



## Insurance Placement Facility of Pennsylvania

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

b. Are all accessible areas secured and all exposed glass areas properly boarded on the exterior by plywood securely fastened to the building? Yes No		
ba. If the exposed glass areas are secured by another means, please describe.		
c. When did the property become vacant or unoccupied?		
d. Is the building vacant? (Containing no contents usual to occupancy) Yes No		
e. Is the building unoccupied? (Contains contents, but not used as a dwelling by human beings or its operations or activities are suspended.) Yes No		
f. Is the property listed for sale by a licensed real estate agent? Yes No		
g. Why is the building vacant or unoccupied?		
h. Will the property be, or is it now being renovated? Yes No		
ha. Work will begin on:		
hb. Provide name(s) of the contractor(s) doing work (Provide copies of pertinent contracts):		
hc. Describe the nature and extent of the renovations project(s):		
hd. When will the work be completed?		
he. The existing property value is:		
hf. The value at completion will be:		
i. Is the property part of an estate in the process of settlement? Yes No		
ia. Explain future plans for the property:		
j. The property will be fully occupied on or before:		
. Is any portion of the building expected to be unoccupied or vacant during the policy period? Yes No		
a. Will the building be vacant? (Containing no contents usual to occupancy) Yes No		
b. Will the building be unoccupied? (Containing contents, but not used regularly by human beings) ) Yes No		
c. When will the property be vacant or unoccupied?		
d. The property will be vacant or unoccupied for how long?		
e. Will the property be listed for sale by a licensed real estate agent? Yes No		
f. Why will the property be vacant or unoccupied?		
g. Will the property be renovated? Yes No		
. Any existing property damage? Yes No		
a. Describe the damage:		
b. What caused the damage?		
. Have any utilities been disconnected and/or account(s) unpaid for 60 days or more? Yes No		
a. Explain what utilities are disconnected and why.		
(Provide documentation of payment arrangements made to pay overdue utility bills.)		
. Are any taxes unpaid or overdue for 1 year or more? Yes No		
a. Type of Taxes:	b. Date Due:	c. Amount Due:
d. Explain the reasons for delinquency and provide a copy of the budget plan to repay from the governmental agency:		
. Has the applicant, mortgagee, loss payee, or any other person having a financial interest in the property ever been indicted for or convicted of the crime of arson or a crime involving a purpose to defraud an insurance company? Yes No		
a. Full Explanation:		
. Are there any current violations of fire safety, health, building or construction codes at this location? Yes No		
a. Full Explanation:		
. Is there a government order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe? Yes No		
a. Full Explanation:		
. Is water, sewage, electricity, or heat out of service? Yes No		
a. Full Explanation:		
. Is this property in foreclosure or is any insured in bankruptcy? Yes No		
a. Date of Bankruptcy Filing:	20b. Date of Foreclosure:	



**Insurance Placement Facility of Pennsylvania**

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

(Provide copies of the foreclosure papers or documents filed with the Bankruptcy Court.)

**ANY LOSSES WITHIN PAST 5 YEARS?**

Date of Loss	Kind of Loss	Amount Paid



## Insurance Placement Facility of Pennsylvania

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

**\*\* IMPORTANT \*\***

THE FAIR PLAN DOES NOT CHARGE A SERVICE OR INSPECTION FEE. A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUMS. I AGREE TO PAY ANY ADDITIONAL PREMIUMS THAT MAY BE DUE THE FAIR PLAN AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES.

I UNDERSTAND AND AGREE THAT THE BROKER/PRODUCER OF RECORD NAMED ON THIS APPLICATION IS MY REPRESENTATIVE AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN. I ALSO UNDERSTAND THAT MY REPRESENTATIVE HAS NO AUTHORITY TO BIND THE FAIR PLAN IN ANY MANNER. THE COLLECTION, PAYMENT OR ACCEPTANCE OF MONEY BY MY REPRESENTATIVE DOES NOT CONSTITUTE PAYMENT TO THE FAIR PLAN AND DOES NOT MEAN COVERAGE IS IN FORCE. PAYMENT OF PREMIUMS MUST BE RECEIVED AT THE OFFICE OF THE PLAN.

I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION, ACCOMPANIED BY THE APPROPRIATE PROVISIONAL PREMIUM, AND ONLY AFTER A TENTATIVE DETERMINATION BY THE PLAN THAT MY PROPERTY IS ELIGIBLE FOR COVERAGE, CAN COVERAGE BE CONSIDERED IN FORCE.

THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE AND CORRECTLY REPORTED AS REPRESENTATIONS AND NOT WARRANTIES AND SHALL FORM THE BASIS FOR AND BE A PART OF ANY CONTRACT OF INSURANCE.

**APPLICANT'S ELECTRONIC SIGNATURE:**

I certify that by inputting my name and the date (shown below) in the appropriate spaces on the web page that I validate and agree to the statements listed above.

Typed Applicant Name:

Date:

**REQUEST FOR IMMEDIATE COVERAGE REQUIRES PAYMENT WITH THIS APPLICATION.  
APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED.**

IMPORTANT: IMMEDIATE COVERAGE MAY NOT BE PERMITTED.  
INSERT DATE ONLY WHEN IMMEDIATE COVERAGE IS REQUESTED.

DESIRED EFFECTIVE DATE:

GROSS PREMIUM SUBMITTED:

FUTURE BILL TO:

THE EARLIEST EFFECTIVE DATE WILL BE THE DATE RECEIVED BY THE PLAN AT NOON (EST) OR A SUBSEQUENT DATE. EARLIER DATES NOT ACCEPTED.

**I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE PRODUCER**

NAME OF LICENSED AGENCY/BROKER/PRODUCER TO APPEAR ON POLICY:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

TAX ID #:

LICENSE #:

EXPIRING:

IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE BELOW CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN AND HAVE NO AUTHORITY TO ACT AS SUCH ON ITS BEHALF.

**PRODUCER'S ELECTRONIC SIGNATURE:**

I certify that by inputting my name and the date (shown below) in the appropriate spaces on the web page that I validate and agree to the statements listed above.

Typed Producer Name:

Date: