

COMMERCIAL PROPERTY INSURANCE APPLICATION
Indiana Basic Property Insurance Underwriting Association
REMIT PREMIUM DEPOSIT TO:
PO BOX 6457 – Dept. #283, Indianapolis, IN 46206
(317) 264-2310 or (800) 888-8627
www.indianafairplan.com

THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE AND PRODUCERS DO NOT HAVE BINDING AUTHORITY. NO COVERAGE IS IN PLACE UNTIL FAIR PLAN APPROVAL, ACCEPTANCE AND WRITTEN ACKNOWLEDGEMENT ARE PROVIDED.

APPLICATION WILL BE RETURNED IF NOT SUBMITTED WITH PICTURES AND IF ALL QUESTIONS ARE NOT ANSWERED. ELECTRONIC PICTURES (FRONT AND BACK) ARE REQUIRED AND CAN BE SENT TO: infairplan@quadassoc.org

All answers are representations, therefore, make certain that each question is answered correctly before you sign this application form. Any concealment or misrepresentation of any material fact could VOID this insurance.

APPLICANT'S NAME, ADDRESS AND PROPERTY LOCATION				
1. (Office Use only) IFP AGENT CODE: _____ (Office Use Only) IFP FILE# _____ (If you do not have an agency code then you will need to complete a W-9 IRS form and send with application) PRODUCER'S NAME: _____ AGENCY: _____ ADDRESS: _____ _____ _____ PHONE: _____ FAX: _____ CELL: _____ E-MAIL ADDRESS: _____				
2. <u>THE APPLICANT DECLARES AND CERTIFIES THAT HE/SHE/WE/IT HAS (HAVE) BEEN REFUSED PROPERTY INSURANCE BY THREE UN-RELATED ADMITTED INSURANCE COMPANIES IN THE 60 DAYS PRECEDING THE DATE OF APPLICATION. IF WRITTEN DECLINATION WAS RECEIVED, ATTACH COPIES. IF NO WRITTEN DECLINATION WAS RECEIVED, PROVIDE: NAME OF COMPANY, CONTACT NAME, AND TELEPHONE NUMBER OF EACH COMPANY FOR VERIFICATION.</u>				
	COMPANY NAME	CONTACT NAME	TELEPHONE NUMBER	DENIAL REASON
1.	_____			
2.	_____			
3.	_____			
_____			_____	
(Applicant(s) Signature)			Date (Month Day Year)	
3. APPLICANT'S NAME _____ E-MAIL ADDRESS _____ APPLICANT'S MAILING ADDRESS: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> NO. STREET </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto; margin-top: 10px;"> CITY STATE COUNTY ZIP TELEPHONE </div>				
4. LOCATION OF PROPERTY: NO. _____ STREET _____ ISO PROTECTION CLASS _____				

CITY	STATE	COUNTY	ZIP	TWP	RESPONDING FIRE DEPT.
NAME OF PERSON INSPECTOR MAY WORK WITH TO GAIN ACCESS TO PROPERTY:					
NAME	PHONE NO.	CELL/WORK NO.	E-MAIL		
POLICY COVERAGE REQUESTED					
5. POLICY: COMMERIAL PROPERTY – STANDARD PROPERTY POLICY ONLY					
6. HAS AN APPLICATION FOR THIS PROPERTY PREVIOUSLY BEEN SUBMITTED TO THE FAIR PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, FILE/POLICY#:					
7. APPLICANT IS: <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER/ LANDLORD <input type="checkbox"/> OTHER(EXPLAIN)					
IF NOT OWNER OCCUPIED, PLEASE PROVIDE NAME OF TENANT					
8. BUILDING CONSTRUCTION: <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY NON-COMBUSTIBLE					
9. TYPE OF OCCUPANCY: <input type="checkbox"/> COMMERCIAL BUILDING / TYPE OF BUSINESS OCCUPANCY _____					
ARE THERE MULTIPLE TENANT OCCUPANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, Please name occupants and the type of business for each.					
10. PROPERTY IS: TOTALLY OCCUPIED: _____ PARTIALLY UNOCCUPIED/VACANT _____% TOTALLY UNOCCUPIED _____					
COMMERCIAL BUILDINGS WILL BE WRITTEN AT 80% CO-INSURANCE REQUIREMENT. IN THE EVENT OF A COVERED LOSS, SETTLEMENT WILL BE BASED UPON <u>ACTUAL CASH VALUE</u>. COVERAGE LIMITATIONS, EXCLUSIONS, AND CONDITIONS ARE DESCRIBED IN THE POLICY. THE POLICY LANGUAGE DESCRIBES THE COVERAGE PROVIDED. <u>NO REPLACEMENT COST COVERAGE IS OFFERED.</u>					
11. AMOUNT OF INSURANCE APPLYING FOR:			BUILDING INFORMATION:		
BUILDING _____ (\$1,000,000 Max Limit)			BASEMENT _____ GARAGE _____ CRAWL SPACE _____		
CONTENTS _____			FINISHED BASEMENT _____ CEMENT SLAB _____		
OTHER STRUCTURE _____			DEDUCTIBLE OPTION _____ \$500 _____ \$1000 _____ \$2500		
			_____ \$5000 _____ \$10,000		
(The FAIR Plan does NOT write Earthquake, , Liability, or Medical Coverage on Commercial Risks.)					
12. LIEN HOLDER (IF NO ADDITIONAL INTEREST, PLEASE WRITE "NONE") _____					
LOAN NO. _____ <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> CONTRACT HOLDER <input type="checkbox"/> OTHER (EXPLAIN)					
NAME					
STREET ADDRESS					
CITY		STATE		ZIP	
13. ARE ANY MORTGAGE PAYMENTS DELINQUENT ON PROPERTY TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF "YES", PROVIDE MONTH, YEAR, AMOUNT AND REASON:					
14. SHOULD MORTGAGEE RECEIVE A COPY OF PREMIUM BILLINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
MORTGAGEE BILL? <input type="checkbox"/> YES <input type="checkbox"/> NO					
15.		(CARRIER NAME)		(POLICY TYPE)	
CURRENT OR PRIOR CARRIER ON PROPERTY:					

EXPIRATION DATE: _____

16. HAVE THERE BEEN ANY LOSSES / CLAIMS WITHIN THE LAST 5 YEARS ON ANY PROPERTY IN WHICH THE APPLICANT(S) HAVE OR HAD A FINANCIAL INTEREST? YES NO

DATE _____ CAUSE _____ CARRIER _____ AMOUNT _____ CLAIM # _____

IF YES, PLEASE LIST. _____

17. YEAR BUILDING WAS BUILT _____ **TYPE OF HEATING SYSTEM:** _____

ELECTRICAL SERVICE 60 AMP 100 AMP 200 AMP OTHER: _____

ARE THERE ANY WOOD BURNING STOVES IN THE BUILDING OR IN OTHER STRUCTURE(S) AT THIS LOCATION?

YES NO

ROOF AGE: _____ ROOF CONDITION: _____ ROOF TYPE: _____

ADDITIONAL STRUCTURES – ROOF AGE: _____ ROOF CONDITION: _____ ROOF TYPE: _____

USE: _____

IS THERE ANY FARMING OPERATION AT THIS LOCATION? YES NO IF YES, EXPLAIN: _____

18. IS THERE EXISTING DAMAGE TO THE BUILDING OR ANY OTHER STRUCTURE FROM ANY OTHER CAUSE OF LOSS?

YES NO

IF "YES", EXPLAIN: _____

19. HAVE ANY UTILITIES BEEN DISCONNECTED OR ANY ACCOUNT(S) UNPAID FOR 120 DAYS OR MORE ON THIS PROPERTY WITHIN THE LAST NUMBER OF YEARS OR CURRENTLY? YES NO

HAS THE BUILDING BEEN CONDEMNED OR ORDERED UNINHABITABLE? YES NO

20. ARE ANY REAL ESTATE TAXES DELINQUENT ON THE PROPERTY TO BE INSURED? YES NO

IF "YES", NUMBER OF PAYMENTS: _____

FOR WHICH PERIOD(S)? _____ ARE PENALTIES ACCRUING? YES NO

IS PROPERTY IN FORECLOSURE, MORTGAGE PAYMENTS DELINQUENT, OR ANY OTHER LIENS OR JUDGEMENTS

AFFECTING THE PROPERTY? YES NO

21. HAS 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 INSURANCE COMPANY? YES NO

IF "YES" PLEASE PROVIDE DETAILS: _____

22. IMPORTANT: A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUMS. I (WE) AGREE TO PAY ANY ADDITIONAL PREMIUMS THAT MAY BE DUE AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES. IN SIGNING THIS APPLICATION, I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THIS PROPERTY AND THAT ALL THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) FURTHER UNDERSTAND THAT ANY CONCEALMENT OR MISREPRESENTATION OF ANY MATERIAL FACT OR CIRCUMSTANCE HEREON MAY VOID ANY POLICY THAT MAY BE ISSUED TO THE EXTENT PERMITTED BY LAW. I (WE) AUTHORIZE THE DISCLOSURE OF INFORMATION CONTAINED IN THIS APPLICATION AND INFORMATION RELATING TO ANY CLAIM FOR LOSS UNDER A POLICY ISSUED PURSUANT TO THIS APPLICATION.

I (WE) UNDERSTAND AND AGREE: TO ALLOW AN INSPECTION OF THE ABOVE DESCRIBED PROPERTY; THAT THE SUBMISSION OF THIS APPLICATION IN NO WAY REQUIRES OR BINDS THE ASSOCIATION TO PROVIDE INSURANCE ON THE ABOVE DESCRIBED PREMISES; THAT THIS COMPLETED APPLICATION WILL BE ATTACHED TO AND BECOME PART OF THE POLICY (IES), IF ANY, ISSUED PURSUANT HERETO

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

APPLICANT(S) SIGNATURE X _____ **DATE** _____

REFUNDS OF UNEARNED PREMIUM WHEN A POLICY IS CANCELLED ARE CALCULATED ON A PRO-RATA BASIS. THE INDIANA FAIR PLAN WILL RETAIN A MINIMUM POLICY PREMIUM OF \$100 ON COMMERCIAL POLICIES IF A CANCELLATION OCCURS WITHIN THE FIRST 90 DAYS OF THE NEW BUSINESS POLICY TERM

REMIT PREMIUM PAYMENT TO:

**INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION
PO BOX 6457 – DEPT #283
INDIANAPOLIS IN 46206**

23. PRODUCER CERTIFICATION: I HEREBY CERTIFY THAT I AM AN INDIANA LICENSED PROPERTY AND CASUALTY INSURANCE AGENT. I FURTHER CERTIFY THAT I HAVE CONSULTED WITH THE APPLICANT NAMED ABOVE AND THAT THE ANSWERS PROVIDED ARE THOSE GIVEN TO ME BY THE APPLICANT. THE ANSWERS OF THE APPLICANT ARE TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE. IN THE EVENT OF ANY SITUATION RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION AND HAVE NO AUTHORITY TO ACT AS SUCH ON THE ASSOCIATION'S BEHALF.

SIGNATURE OF PRODUCER OF RECORD X _____ DATE _____

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