

5. NAME OF PERSON INSPECTOR MAY WORK WITH TO GAIN ACCESS TO PROPERTY:

NAME PHONE NO. CELL/WORK NO. E-MAIL

POLICY COVERAGE REQUESTED

6. POLICY APPLYING FOR: DWELLING FIRE DP1 BASIC (No Liability, Medical or Theft Coverage) *DWELLING FIRE DP2 BROAD (No Liability, Medical or Theft Coverage)

*HOMEOWNERS 8 BASIC (Includes \$100,00 Liability and \$1000 Theft Coverage) (Owner Occupied Only)

*HOMEOWNERS 2 BROAD (Includes \$100,000 Liability and \$1000 Theft Coverage) (Owner Occupied Only)

* IF risk is not eligible for the policy applied for due to not meeting product underwriting guidelines then the Indiana FAIR Plan will re-assign risk to the next best eligible policy form that risk is eligible for that meets that product's minimum underwriting guidelines.

7. HAS AN APPLICATION FOR THIS PROPERTY PREVIOUSLY BEEN SUBMITTED TO THE FAIR PLAN? YES NO

IF YES, FILE/POLICY#:

8. APPLICANT IS: OWNER OCCUPANT OWNER/ LANDLORD TENANT OTHER(EXPLAIN) (contents only)

IF NOT OWNER OCCUPIED, PLEASE PROVIDE NAME OF TENANT

9. BUILDING CONSTRUCTION: FRAME MASONRY MOBILE HOME WITH PERMANENT FOUNDATION

10. TYPE OF OCCUPANCY: DWELLING - 1 TO 4 FAMILY (HOW MANY UNITS) 1 2 3 4 DWELLING WITH COMMERCIAL BUSINESS ON PREMISES (Describe Occupancy)

11. PROPERTY IS: TOTALLY OCCUPIED: PARTIALLY UNOCCUPIED/VACANT % TOTALLY UNOCCUPIED

RESIDENTIAL DWELLINGS WILL BE WRITTEN WITH NO CO-INSURANCE REQUIREMENT, IN THE EVENT OF A COVERED LOSS, SETTLEMENT WILL BE BASED UPON ACTUAL CASH VALUE. COVERAGE INCLUDES FIRE, EXTENDED COVERAGE, AND VANDALISM & MALICIOUS MISCHIEF WITH ANY LIMITATIONS, EXCLUSIONS, AND CONDITIONS DESCRIBED IN THE POLICY. THE DWELLING FIRE POLICY AND HOMEOWNERS POLICY LANGUAGE DESCRIBES THE COVERAGE PROVIDED. NO REPLACEMENT COST COVERAGE IS OFFERED.

12. AMOUNT OF INSURANCE APPLING FOR: BUILDING (\$250,000 Max Limit) CONTENTS OTHER STRUCTURE EARTHQUAKE COVERAGE (10% DEDUCTIBLE) YES NO BUILDING INFORMATION: BASEMENT GARAGE CRAWL SPACE FINISHED BASEMENT CEMENT SLAB DEDUCTIBLE OPTION \$500 \$1000 \$2500

12. LIEN HOLDER (IF NO ADDITIONAL INTEREST, PLEASE WRITE "NONE") LOAN NO. MORTGAGEE CONTRACT HOLDER OTHER (EXPLAIN)

NAME

STREET ADDRESS

CITY STATE ZIP

13. ARE ANY MORTGAGE PAYMENTS CURRENTLY DELINQUENT ON PROPERTY TO BE INSURED? YES NO IF "YES", PROVIDE MONTH, YEAR, AMOUNT AND REASON:

14. SHOULD MORTGAGEE RECEIVE A COPY OF PREMIUM BILLINGS? YES NO MORTGAGEE BILL? YES NO

15. (CARRIER NAME) (POLICY TYPE) (COVERAGE AMOUNT)
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 IF YES, PLEASE LIST

DATE	CAUSE	CARRIER	AMOUNT	CLAIM #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. YEAR HOME WAS BUILT _____ TYPE OF HEATING SYSTEM: _____
ELECTRICAL SERVICE 60 AMP 100 AMP 200 AMP OTHER: _____
ARE THERE ANY WOOD BURNING STOVES IN THE DWELLING OR IN OTHER STRUCTURE(S) AT THIS LOCATION?
 YES NO
ROOF AGE: _____ CONDITION: _____ ROOF TYPE: _____
ADDITIONAL STRUCTURES – ROOF AGE: _____ CONDITION: _____ ROOF TYPE: _____
IS THERE ANY FARMING OPERATION AT THIS LOCATION? YES NO IF YES EXPLAIN: _____
IS A BUSINESS OPERATING ON 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 HOME 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. IF HOME IS OWNER OCCUPIED AND YOU ARE APPLYING FOR A HOMEOWNERS PRODUCT, THEN HOMEOWNER LIABILITY AND THEFT QUESTIONS, PAGE 4 WHICH IS PART OF THIS APPLICATION WILL NEED TO BE FULLY ANSWERED AND COMPLETED. LIABILITY AND THEFT COVERAGES ARE ONLY AVAILABLE FOR OWNER OCCUPIED 1-4 FAMILY DWELLINGS THAT MEET INDIANA FAIR PLAN HOMEOWNER PRODUCT UNDERWRITING GUIDELINES.

LIABILITY

23. Have you ever had any Liability claims or bodily injury claims within the past 5 years? Yes ___ No ___
If Yes, please describe including date of claim(s): _____
24. Are there steps without handrails or in poor condition (interior or exterior)? Yes ___ No ___
25. Is there a swimming pool, hot tub, and or Jacuzzi on the premises? Yes ___ No ___
If Yes, is swimming pool fenced with a lockable gate? Yes ___ No ___

If Yes, does swimming pool have a diving board and or slide? Yes ___ No ___
26. Is there a trampoline? Yes ___ No ___
If Yes, is trampoline fenced? Yes ___ No ___
27. Are there any attractive nuisances on the premises? Yes ___ No ___
If Yes, describe: _____
28. Is Day Care Service provided on premises? Yes ___ No ___
29. Are any horses or other riding animals on premises? Yes ___ No ___
30. Are there any animals / dogs(s) on the premises? Yes ___ No ___
If Yes, please name type and or breed: _____
- Has animal(s) ever injured anyone? Yes ___ No ___

If Yes, provide details: _____
31. Are there any domestic employees? Yes ___ No ___
32. Are driveways and or sidewalks in poor condition? Yes ___ No ___
33. Do down spouts discharge onto walkways? Yes ___ No ___
34. Is any plumbing defective? Yes ___ No ___
35. Are hallways and stairways adequately lit? Yes ___ No ___
36. Are there working smoke detectors in the building? Yes ___ No ___
37. Is there any business activity on the premises? Yes ___ No ___
If Yes, describe type and amount of space utilized: _____
Is business operated by the named insured? Yes ___ No ___
38. Is Dwelling Seasonal? Yes ___ No ___
39. Is Dwelling undergoing any present renovation? Yes ___ No ___
Describe: _____

THEFT

40. Have you ever had any Theft claims within the past 5 years? Yes ___ No ___
If Yes, please describe including date of claim: _____
41. Are all exterior doors, including garage doors, windows and other entrances secured with a lock device? Yes ___ No ___
42. Is dwelling and other structure(s) secured from trespass? Yes ___ No ___
43. Are sliding glass doors protected by a secondary locking device? Yes ___ No ___
44. Is the property to be used in connection with any activities of an illegal nature? Yes ___ No ___
45. Theft Coverage amount you are applying for: _____
(Minimum amount \$1000 / Maximum amount \$10,000)

46. IMPORTANT: A POLICY, IF ISSUED, IS IN CONSIDERATION OF THIS FIVE PAGE APPLICATION FOR INSURANCE WHICH INCLUDES PAGES 1-4 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 \$50.00 ON DWELLING AND HOMEOWNERS 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

47. 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 _____

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

Indiana Basic Property Insurance Underwriting Association, 3502 Woodview Trace, Suite 100, Indianapolis, IN 46268