

INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION

REMIT PREMIUM DEPOSIT TO:
PO BOX 6457 – Dept. #283, Indianapolis, IN 46206
Indianapolis, Indiana 46268
TELEPHONE: (317) 264-2310 or (800) 888-8627
FAX: (317) 264-2313 or (888) 597-4819
www.indianafairplan.com

Rick Vasil, CPCI, AIC
MANAGER

DWELLING RENEWAL APPLICATION

Named Insured: _____ Policy Number: _____

Location of Property: _____

Phone number: _____ Email: _____

The following questions request information about the property and the named insured. The occurrence or presence of any of the following condition(s) which are the subject of these questions (as well as other information) may constitute a basis for rejection of this application, cancellation, or non-renewal of the policy.

1. The applicant(s) declares and certifies that he/she/we/it has been refused property insurance by three non-related insurance companies in the 60 days preceding date of application. If written declination was received, attach copy. If no written declination was received, provide name of company, contact name, and telephone number of each company for verification.

Company Name	Contact Name	Telephone #	Denial Reason
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1. _____

2. _____

3. _____

Applicant(s) Signature: _____ **Date:** _____

2. Deductible option: _____ \$500 _____ \$1000 _____ \$2500

3. Insured location is: Occupied: Yes _____ or No _____ Partially Occupied _____ %
Number of units _____ Number of units occupied: _____ Vacant: Yes or No
Vacant and/or Unoccupied, how long? _____

4. Is utility service (heat, water, electricity) maintained? Yes _____ NO _____

5. Has building been classified as uninhabitable or structurally unsafe by any authority?
Yes _____ No _____ If Yes, Explain: _____

6. Mortgagee(s) or loss payee(s) None _____ Same as expiring policy _____
Change mortgagee to: _____

7. If a loss occurred to this property in the last year, has the damage been repaired?

8. Has any person with a financial interest in this property been arrested or convicted for fraud or incendiarism?
Yes _____ No _____ If Yes please explain _____

READ THE STATEMENT BELOW CAREFULLY AND SIGN THE APPLICATION. ANY INSURANCE AFFORDED IS MADE IN RELIANCE UPON STATEMENTS MADE IN THE APPLICATION. MISREPRESENTATION COULD VOID THIS INSURANCE.

CERTIFICATION OF APPLICANT FOR INSURANCE

I (we) understand and agree to the following: To allow an inspection of the above described property;

That the submission of this application in no way requires or binds any company to provide insurance on the above described premises; Inspection(s) made pursuant to this application or in any way connected with the Indiana FAIR Plan Program, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above-described property for property insurance underwriting purposes. Inspection(s), reports or recommendations made pursuant to this application are not designed for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises.

That except for underwriting purposes, nothing contained in or omitted from any such inspection is intended to be evidence of the existence or non-existence of hazardous conditions upon the above-described or contiguous property. Any responsibility to effect compliance with recommendations made pursuant to any inspection is solely that of the applicant; that I (we) hereby authorize and permit you and the Inspection Company to submit copies of any inspection or action report(s) to members or representatives of the Association;

Without limiting any rights granted under the Indiana FAIR Plan Program, I (we) hereby agree to make no claim of any nature, direct or consequential, against the Insurance Commissioner for the State of Indiana, The State of Indiana, or any of its representatives, the Inspection Company, the Indiana Basic Property Insurance Underwriting Association and, except for claims on any policy of Insurance which may be issued, any insurer member of the Association, and the agents, employees or representatives of any of the foregoing, for any account of or in any manner growing out of any inspection(s) or subsequent processing of the application, or any omissions or neglect in connection therewith, and any such claims, which I (we) have or which may hereafter accrue are released and waived;

That the submission of this application is a request for review to rate the above described property for renewal based on current conditions and applicable rating schedules;

That this completed application be attached to and become part of the policy(ies) if any, issued pursuant hereto.

Failure to disclose required information may prejudice your application. All answers are representations, therefore, make certain that each question is answered correctly before you sign this application form. The policy will be void and no coverage will be effective if the premium remittance is justifiably dishonored by the financial Institution. By signing this application I (we) certify that I (we) have an insurable interest in the property, and that all information contained herein is true and correct to the best of my (our) knowledge and belief.

NOTICE TO APPLICANT: THE PRODUCER LISTED IN THIS APPLICATION IS NOT A REPRESENTATIVE OR AGENT OF THE INDIANA FAIR PLAN. HE IS YOUR REPRESENTATIVE AND AGENT. ACCORDINGLY, THE DELIVERY OF ANY NOTICE OR INFORMATION REQUIRED FROM YOU BY THIS APPLICATION, OR BY ANY POLICY THAT MAY BE SUBSEQUENTLY ISSUED BY THE INDIANA FAIR PLAN, IF GIVEN TO YOUR AGENT, WILL NOT CONSTITUTE DELIVERY TO THE INDIANA FAIR PLAN UNLESS SUCH NOTICE OR INFORMATION IS IN FACT DELIVERED TO THE INDIANA FAIR PLAN. THE INDIANA FAIR PLAN WILL NOT BE RESPONSIBLE FOR THE FAILURE OF YOUR AGENT TO DELIVER ANY NOTICE OR INFORMATION.

Signature of Applicant(s) _____ **Date** _____

**REMIT PREMIUM PAYMENTS TO
INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION
PO BOX 6457 – DEPT. #283 INDIANAPOLIS IN 46206**

I hereby certify that I am a licensed Broker or Agent in the State of Indiana.

In the event a policy is issued and then cancelled or Insurance there under terminated, or a change is made resulting in a return premium due, I certify that my proportionate share of the commission on such premium will be returned to the Indiana FAIR Plan. I have explained the provisions of the Indiana FAIR Plan to the Applicant and witnessed their signature above.

Signature of Producer of Record _____ **Telephone No.** _____