



**APPLICATION TO DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY
FOR BASIC PROPERTY INSPECTION AND INSURANCE PROGRAM**

DATE (MM/DD/YYYY)

TO: D.C. PROPERTY INSURANCE FACILITY (FAIR PLAN) 3290 N. RIDGE ROAD, SUITE 210 ELLCOTT CITY, MARYLAND 21043 (202) 393-4640 OR 1-800-492-5670	IMPORTANT NOTICE TO APPLICANT AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE FACILITY. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION, MARKETED FOR SALE OR RENTAL.	FOR FACILITY USE ONLY APPLICATION #
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APPLICANT (PLEASE PRINT OR TYPE)	PRODUCER
NAME	NAME
NO STREET	MAILING ADDRESS NO STREET
CITY, COUNTY STATE ZIP CODE	CITY, COUNTY STATE ZIP CODE
If Applicant is listed as other than an individual(s) - (i.e., Corporation, Partnership, Association, Business, Church, Organization, etc.), complete and attach Form 1B - Corporate Questionnaire.	

LOCATION OF PROPERTY TO BE INSURED	BUILDING OWNER IF OTHER THAN APPLICANT
NO STREET	NAME
CITY STATE ZIP CODE	MAILING ADDRESS NO STREET
CITY STATE ZIP CODE	CITY, COUNTY STATE ZIP CODE
WITHIN 1000 FEET OF A PUBLIC FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROTECTED <input type="checkbox"/> SEMI-PROTECTED <input type="checkbox"/> RURAL PROTECTED <input type="checkbox"/> UNPROTECTED <input type="checkbox"/>

ITEM #	AMOUNT OF INSURANCE	COMMERCIAL CO-INS *	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:	SEASONAL?	YES	NO
1			BUILDING - CONSTRUCTION	# OF FLOORS:	SEASONAL?		
			OCCUPIED AS	DEDUCTIBLE All Perils <input type="checkbox"/> \$ 250 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ OTHER	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A (Dwelling or Commercial) <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10% FIXED WINDSTORM OR HAIL DEDUCTIBLE (Dwelling Only) <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 7,500		
2			HOUSEHOLD CONTENTS		SECONDARY?		
3			OTHER CONTENTS OF				

COVERAGES REQUESTED		* COMMERCIAL CO-INSURANCE NOTE:	APPLICANT IS
<u>DWELLING</u> <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF (NOT AVAILABLE IF VACANT / UNOCCUPIED)	<u>COMMERCIAL</u> <input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION <input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION <input type="checkbox"/> VANDALISM (NOT AVAILABLE IF VACANT/UNOCCUPIED)	CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.	<input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> ABSENTEE-OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER (Describe)

BUILDING MORTGAGEE(S)	CONTENTS LOSS PAYEE(S) (IF APPLICABLE)																
NAME:																	
ADDRESS:																	
IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS SUCH AREA PROPERLY BOARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE PURCHASE PRICE APPROXIMATE DWELLING AGE (YEARS)																
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM	BUILDING CONTENTS																
EXISTING DAMAGE TO PROPERTY? <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (if OTHER, explain)	ESTIMATED FULL INSURABLE VALUE OF PROP \$ TOTAL INSURANCE CARRIED INCLUDING DCPIF \$ OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)																
LIST ALL LOSSES IN LAST THREE YEARS																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CAUSE</th> <th>DATE</th> <th>REPAIRED</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>\$</td> </tr> <tr> <td>2</td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>\$</td> </tr> <tr> <td>3</td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>\$</td> </tr> </tbody> </table>	CAUSE	DATE	REPAIRED	AMOUNT	1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	3		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	AMOUNT EXPIRATION NAME OF PREVIOUS CARRIER PREVIOUS AMOUNT ON DWELLING
CAUSE	DATE	REPAIRED	AMOUNT														
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$														
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$														
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$														

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE? IF "YES", SUBMIT COPY WITH APPLICATION. YES NO

<input type="checkbox"/> YES <input type="checkbox"/> NO INSTALLMENT	DESIRED EFFECTIVE DATE OF COVERAGE *	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT I(WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE INSURANCE COMMISSIONER OF THE DISTRICT OF COLUMBIA, INSURANCE SERVICES OFFICE (ISO), TO INSURERS AND THEIR AGENTS.
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION \$		

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION, AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE FACILITY APPLICANT'S PRODUCER CANNOT BIND COVERAGE !

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

APPLICANT(S) UNDERSTAND AND ACKNOWLEDGE THAT THE PROPERTY WILL BE INSPECTED AND FAILURE TO MEET WITH AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND TERMINATION OF COVERAGE

SIGNATURE AND TELEPHONE NUMBER OF APPLICANT	DATE	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER TELEPHONE NUMBER

ATTACH A COPY OF YOUR PRESENT DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

IS AGENCY INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN):
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