

# ILLINOIS FAIR PLAN ASSOCIATION

## APPLICATION FOR (1- 4 FAMILY) HOMEOWNERS AND DWELLING PROPERTY INSURANCE

PRODUCER NAME:  ADDRESS:  FAIR PLAN PRODUCER NUMBER:	 <p style="text-align: right;"> <b>P.O. Box 95445</b>  <b>Chicago, IL 60694 - 5445</b>  <b>312 - 861 - 0385 / 800 - 972 - 4480</b>  <b>Fax 312 - 861 - 0134</b>  <b>www.illinoisfairplan.com</b> </p>
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POLICY   
  \* HO 2   
  \* HO 3   
  HO 8   
  HO 4 (Renters)   
  HO 6 (Condo)   
  OWNER OCCUPIED DWELLING PROPERTY

**MINIMUM OF 20% DOWN PAYMENT AND CURRENT PHOTO**  
**\* REPLACEMENT COST CALCULATION REQUIRED FOR HO 2 OR HO 3**  
**HO 2 - COVERAGE AMOUNT MINIMUM 80% OF REPLACEMENT COST**  
**HO 3 - COVERAGE AMOUNT 100% OF REPLACEMENT COST**

NON-OWNER OCCUPIED DWELLING PROPERTY - QUOTATION ONLY (Preinspection Required)

**1. NAME OF PROPOSED APPLICANT(S): (MUST RESIDE AT INSURED LOCATION FOR HOMEOWNERS COVERAGE.)**

**DWELLING COVERAGE**  
 IF TRUST AGREEMENT, LIST ALL BENEFICIARIES IN THE REMARKS SECTION. IF PROPOSED APPLICANT IS A CORPORATION, IDENTIFY A CORPORATE OFFICER BY NAME AND TITLE, WHO WILL SIGN THE APPLICATION. THE NAMES AND ADDRESSES OF ALL PARTIES WITH A FINANCIAL INTEREST IN THE PROPERTY AND THE NATURE AND EXTENT OF THEIR INTEREST MUST BE SHOWN.

<b>2. MAILING ADDRESS</b>  Street Address _____  City _____ State _____ Zip Code _____	<b>3. LOCATION OF PROPERTY</b> Years at location: _____  Street Address _____  _____, IL _____ City _____ Zip Code _____
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(UNLESS A REAR DWELLING IS SPECIFICALLY DESIGNATED, ONLY THE DWELLING FRONTING THE STREET ADDRESS WILL BE CONSIDERED FOR COVERAGE.)  
 NOTE: IF PROPERTY HAS NO STREET ADDRESS, PROVIDE DRIVING INSTRUCTIONS ON SEPARATE SHEET OF PAPER.

<b>4. ADDITIONAL INSURED OR CONTRACT SELLER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> CONTRACT SELLER - COPY OF AGREEMENT FOR DEED REQUIRED  Name _____  Street Address _____  City _____ State _____ Zip Code _____ Interest: _____	<b>5. MORTGAGEE OR LOSS PAYEE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE  Name _____  Street Address _____  City _____ State _____ Zip Code _____ Loan Number: _____
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**6. APPLICANT'S INSURABLE INTEREST IN THE PROPERTY**  
 OWNER     TENANT     CONTRACT PURCHASER     OTHER (Describe) \_\_\_\_\_

<b>7A. BILLING</b> <input type="checkbox"/> Full Premium <input type="checkbox"/> Payment Plan (20%) <b>DEPOSIT REQUIRED</b>	<b>B. BILL TO</b> <input type="checkbox"/> Named Insured <input type="checkbox"/> Mortgagee
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**8. UNDERWRITING INFORMATION**

**A. EFFECTIVE DATE REQUESTED** \_\_\_\_\_, IF LATER THAN 12:01 A.M. THE DAY FOLLOWING RECEIPT OF THE PREMIUM BY FAIR PLAN. (SEE PAGE 4 FOR DETAILS.)

<b>B. PURCHASE PRICE PAID BY OWNER</b> \$ _____	<b>C. MONTH/YEAR PURCHASED</b> _____	<b>D. YEAR BUILT</b> _____	<b>E. MARKET VALUE</b> \$ _____	<b>F. REPLACEMENT COST</b> \$ _____
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**G. NAME OF CONTACT FOR AN INTERIOR SURVEY OF THE PROPERTY**

<b>DAYTIME TELEPHONE / CELLULAR NUMBER</b>	<b>EVENING TELEPHONE NUMBER</b>
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<b>H. PREVIOUS INSURER</b>	<b>EXPIRATION DATE</b>
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**REASON FOR CANCELLATION OR NON-RENEWAL**

**9. RATING INFORMATION - GENERAL**

**A. BUILDING CONSTRUCTION**  
 MASONRY     MASONRY VENEER     FRAME     FIRE RESISTIVE     MODULAR HOME     TRAILER / MOBILE HOME

**B. NUMBER OF FAMILIES**  
 1     2     3     4    NUMBER OF STORIES: \_\_\_\_\_     TOWNHOUSE/ROWHOUSE    NUMBER OF UNITS: \_\_\_\_\_

**C. DEDUCTIBLE AMOUNT**  
 \$ 500     \$ 1,000     \$ 2,500     OTHER \$ \_\_\_\_\_

**D. PROTECTION CLASS**  
 1     2     3     4     5     6     7     8     9     10

**E. COUNTY** \_\_\_\_\_    **F. TOWNSHIP** \_\_\_\_\_    **G. FIRE DISTRICT** \_\_\_\_\_

**H. NUMBER FEET TO HYDRANT** \_\_\_\_\_ FEET    **I. NUMBER MILES TO FIRE STATION** \_\_\_\_\_ MILES

**J. ARE THERE ANY ROOMERS OR BOARDERS?**  
 YES     NO    IF "YES", HOW MANY: \_\_\_\_\_

**K. IF HO 4 OR HO 6 POLICY**  
 NUMBER OF UNITS: \_\_\_\_\_

**L. OPTIONAL COVERAGES**  
 EARTHQUAKE     5% EARTHQUAKE DEDUCTIBLE     OTHER EARTHQUAKE DEDUCTIBLE (SPECIFY): \_\_\_\_\_  
 WATER BACK-UP & SUMP OVERFLOW (HO 3)     OTHER OPTIONAL COVERAGES (SPECIFY): \_\_\_\_\_

**M.  PREMISES ALARM OR FIRE PROTECTION SYSTEM (Attach copy of contract - HOMEOWNERS ONLY)**

**9N. RATING INFORMATION - HOMEOWNERS**

AMOUNT OF COVERAGE DESIRED					
DWELLING	\$	OTHER STRUCTURES	\$	PERSONAL PROPERTY	\$
LOSS OF USE	\$	PERSONAL LIABILITY (Each Occurrence)	\$	MEDICAL PAYMENTS	\$

**9O. RATING INFORMATION - DWELLING PROPERTY**

**AMOUNT OF INSURANCE**

BUILDING	\$	PERSONAL PROPERTY	\$	OTHER (Specify): _____	\$
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**COVERAGE DESIRED**  
 FIRE & EXTENDED COVERAGE     VANDALISM AND MALICIOUS MISCHIEF

**OCCUPANCY**  
 OWNER OCCUPIED     NON-OWNER OCCUPIED

**10. GENERAL INFORMATION**

EXPLAIN ALL YES ANSWERS IN REMARKS	YES	NO
A. OCCUPIED BY TENANT(S) ONLY?	<input type="checkbox"/>	<input type="checkbox"/>
B. CURRENTLY VACANT OR UNOCCUPIED? IF YES, PERCENTAGE _____ % VACANT?	<input type="checkbox"/>	<input type="checkbox"/>
C. CURRENTLY FOR SALE?	<input type="checkbox"/>	<input type="checkbox"/>
D. SEASONAL DWELLING?	<input type="checkbox"/>	<input type="checkbox"/>
E. ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND CONVERTED?	<input type="checkbox"/>	<input type="checkbox"/>
F. SITUATED ON A FARM?	<input type="checkbox"/>	<input type="checkbox"/>
G. SITUATED ON MORE THAN FIVE (5) ACRES?	<input type="checkbox"/>	<input type="checkbox"/>
H. ANY BUSINESS CONDUCTED ON THE PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
I. ANY PETS THAT HAVE INJURED SOMEONE?	<input type="checkbox"/>	<input type="checkbox"/>
J. INSUFFICIENT WORKING SMOKE DETECTORS? IF "NO", HOW MANY: # _____	<input type="checkbox"/>	<input type="checkbox"/>
K. WOOD BURNING STOVE(S) OR SPACE HEATER(S) OR KEROSENE HEATER(S)?	<input type="checkbox"/>	<input type="checkbox"/>
L. TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
M. SWIMMING POOL ON PREMISES? IF "YES", IS IT FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
N. PROPERTY CURRENTLY UNDERGOING REHABILITATION? IF "YES", COMPLETE IFPA REHABILITATION QUESTIONNAIRE (FP76).	<input type="checkbox"/>	<input type="checkbox"/>
O. UNREPAIRED DAMAGE OR OTHER HOUSEKEEPING / MAINTENANCE ISSUES?	<input type="checkbox"/>	<input type="checkbox"/>
P. CURRENTLY CITED FOR BUILDING, FIRE, SAFETY, HEALTH OR CONSTRUCTION CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
Q. CURRENTLY IN FORECLOSURE OR REAL ESTATE TAXES AND/OR MORTGAGE PAYMENTS DELINQUENT OR OTHER LIENS OR JUDGEMENTS AFFECTING THE PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
R. HAS ANY PERSON HAVING FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED OR CONVICTED FOR FRAUD, BRIBERY, ARSON OR ANY OTHER CRIME FOR THE PURPOSE OF DEFRAUDING AN INSURANCE COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>
<b>REMARKS</b>		





## ILLINOIS FAIR PLAN ASSOCIATION

### REQUIREMENTS FOR (1 - 4 FAMILY) HOMEOWNERS & DWELLING PROPERTY COVERAGE

**ELIGIBILITY REQUIREMENTS - All applications subject to prior underwriting approval.  
PRODUCERS DO NOT HAVE BINDING AUTHORITY.**

- Properties must meet reasonable underwriting requirements, including satisfactory housekeeping and maintenance.
- All properties are surveyed to confirm that these underwriting requirements are met. The lack of a satisfactory survey can lead to coverage being denied or canceled.
- The applicant must not have had excess losses within their control. The FAIR Plan generally does not decline properties affected by acts of nature losses; however, coverage may be reduced and/or deductibles increased.
- An exclusionary endorsement may be used to exclude certain unacceptable property or liability hazards.

#### **HOMEOWNERS AND OWNER OCCUPIED DWELLING PROPERTY PROGRAMS**

If **ALL** of the following is received and all eligibility requirements are met, coverage can go into effect at 12:01 AM the day following FAIR Plan receipt or a future date.

**Incomplete applications will be returned with no coverage in force.**

- Fully completed and signed Application.
- Current photo of front of building (not required for HO 4 or HO 6).
- Minimum of 20% of annual premium.
- Replacement cost calculation required for HO 2 or HO 3.
  - HO 2 - coverage amount minimum 80% of replacement cost
  - HO 3 - coverage amount 100% of replacement cost

A survey will be completed after policy issuance to confirm underwriting requirements are met.

#### **NON-OWNER OCCUPIED DWELLING PROPERTY**

**Coverage is not available until a survey of the property has been completed, coverage has been approved and a minimum 20% premium deposit has been received by the FAIR Plan.**

Upon receipt of completed and signed applications, the FAIR Plan will survey the property. If the risk is found acceptable, a premium quotation will be issued.

Coverage can go into effect at 12:01 AM the day following FAIR Plan receipt of the premium, or a future date.

Liability and theft coverages are not available under the Dwelling Property program.

A policy may be requested if the FAIR Plan has not issued a premium quotation or a denial of coverage within 21 days of receipt of the application.