



**Illinois FAIR Plan Association  
BINDER APPLICATION**

Application No.: \_\_\_\_\_

P.O. Box 81469, Chicago, Illinois 60681-0469 .312/861-0385

**PRODUCERS DO NOT HAVE BINDING AUTHORITY.**

In the event that the Association has not made an offer to insure within 21 calendar days after receipt of a properly completed application for a policy of Insurance, without any fault on the part of the applicant, said applicant may apply for a binder.

Binder coverage will become effective at 12:01 A.M. on the date after a provisional deposit premium is received by the Association but in no event earlier than twenty-one (21) calendar days after receipt by the Association of a properly completed application for a policy of insurance.

**IMPORTANT** - Part of the consideration for such binder shall be the eligibility of the property for insurance under the Illinois FAIR Plan Association. If it is found that the property is not eligible, the binder shall be null, void and of no effect from inception.

<b><u>Name of Applicant:</u></b>	
<b><u>Mailing Address:</u></b>	
Street Address	
City & State	Zip Code
<b><u>Location of Property</u></b>	
Street Address	
City & State	Zip Code
<b><u>Use of Property</u></b> <b><u>(If contents, give nature.)</u></b>	

Rate per \$100 Insurance (Check appropriate box)	<input type="checkbox"/> Dwelling Fire \$.30	<input type="checkbox"/> Apartments \$.75	<input type="checkbox"/> Fire Resistive, Mercantile and Sprinklered \$.50	<input type="checkbox"/> All Other \$1.00
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<b>AMOUNT OF COVERAGE (Must agree with Original Application)</b>	<b>PREMIUM</b>
\$ _____ on Building	\$ _____
\$ _____ on Contents	\$ _____
\$ _____ Other (Specify) _____	\$ _____
<b>TOTAL PROVISIONAL PREMIUM (Subject to \$25.00 Minimum Premium)</b>	<b>\$ _____</b>

**NOTE:** A check payable to the Illinois FAIR Plan Association for the gross amount of the total provisional premium must accompany this binder request.

It is expressly stipulated that any binder issued is subject to all the terms and conditions of policies regularly issued by the Illinois FAIR Plan Association, which terms and conditions are hereby made a part hereof to the same extent as if fully set for herein, and subject to payment of such binder premium as may be found to be due to the Illinois FAIR Plan Association which premium, in event of loss before expiration of the binder, shall be fixed at the full annual premium for the sum insured.

The information contained herein is true and correct to the best of my (our) knowledge and belief.

Signature of Applicant(s), Principal Beneficiary of Trust or Corporate Officer	Date
Producer's Name	IFPA Producer #
Mailing Address:	
City	State
	Zip Code