

ILLINOIS FAIR PLAN ASSOCIATION (Part 1 of 2 Parts)
APPLICATION FOR (1- 4 FAMILY) HOMEOWNERS AND DWELLING PROPERTY INSURANCE

PRODUCER NAME: ADDRESS: FAIR PLAN PRODUCER NUMBER:	 <p>P.O. Box 95445 Chicago, IL 60694 - 5445 312 - 861 - 0385 / 800 - 972 - 4480 Fax 312 - 861 - 0134 www.illinoisfairplan.com</p>
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POLICY
 * HO 2
 * HO 3
 HO 8
 HO 4 (Renters)
 HO 6 (Condo)
 OWNER OCCUPIED DWELLING FIRE
 * [REPLACEMENT COST CALCULATION MUST ACCOMPANY APPLICATION (For HO 2 and HO 3)]
 QUOTATION
 NON-OWNER OCCUPIED DWELLING FIRE

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.

2. MAILING ADDRESS _____ Street Address _____ City State Zip Code	3. LOCATION OF PROPERTY _____ Street Address _____, IL City Zip Code Years at present address: _____
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4. ADDITIONAL INSURED OR CONTRACT SELLER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> CONTRACT SELLER Name _____ (If contract seller, provide copy of contract.) Street Address _____ City _____ State _____ Zip Code _____ Interest: _____	5. MORTGAGEE OR LOSS PAYEE <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) _____

7A. BILLING <input type="checkbox"/> Full Premium <input type="checkbox"/> Payment Plan (20%) DEPOSIT REQUIRED	B. BILL TO <input type="checkbox"/> Named Insured <input type="checkbox"/> Mortgagee
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8A. PURCHASE PRICE PAID BY OWNER \$	B. MONTH/YEAR PURCHASED	C. YEAR BUILT	D. MARKET VALUE \$	E. REPLACEMENT COST \$
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9. NAME OF CONTACT FOR AN INTERIOR SURVEY OF THE PROPERTY

Daytime Telephone Number _____	Evening Telephone Number _____
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10. PREVIOUS INSURER WHEN DID COVERAGE EXPIRE?

REASON FOR CANCELLATION OR NON-RENEWAL

11. LOSS HISTORY HAVE THERE BEEN ANY LOSSES IN THE PAST FIVE (5) YEARS FOR THE APPLICANT OR PROPERTY? YES NO IF YES, EXPLAIN BELOW.

DATE	TYPE	DESCRIBE LOSS IN DETAIL	AMOUNT

EXPLAIN ALL YES ANSWERS IN REMARKS	YES	NO
12. IS THE PROPERTY OCCUPIED BY A TENANT(S) ONLY?		
13. IS THE PROPERTY CURRENTLY VACANT OR UNOCCUPIED? IF YES, PERCENTAGE _____ % VACANT?		
14. IS ANY BUSINESS CONDUCTED ON THE PROPERTY?		
15. IS THE PROPERTY SITUATED ON A FARM?		
16. IS THE PROPERTY SITUATED ON MORE THAN FIVE (5) ACRES?		
17. IS THE PROPERTY CURRENTLY IN FORECLOSURE?		
18. IS THERE UNREPAIRED DAMAGE?		
19. IS THE PROPERTY CURRENTLY UNDERGOING REHABILITATION? IF YES, PROVIDE IFPA REHABILITATION QUESTIONNAIRE (FP 76).		
20. IS THE BUILDING CURRENTLY CITED FOR BUILDING, FIRE, SAFETY, HEALTH OR CONSTRUCTION CODE VIOLATIONS?		
21. ARE THERE PETS THAT HAVE INJURED ANYONE?		
22. HAS THE APPLICANT OR ANY PERSON HAVING FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED OR CONVICTED OF FRAUD, BRIBERY, ARSON OR ANY OTHER CRIME FOR THE PURPOSE OF DEFRAUDING AN INSURANCE COMPANY?		
23. ARE THERE WOODBURNING/SPACE OR KEROSENE HEATERS USED?		
24. IS THE PROPERTY A SEASONAL DWELLING?		

25. 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 OTHER \$ _____

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

E. NUMBER FEET TO HYDRANT _____ FEET **F. NUMBER MILES TO FIRE STATION** _____ MILES

26A. RATING INFORMATION - HOMEOWNERS

AMOUNT OF COVERAGE DESIRED					
A. DWELLING	\$	B. OTHER STRUCTURES	\$	C. PERSONAL PROPERTY	\$
D. LOSS OF USE	\$	E. PERSONAL LIABILITY (Each Occurrence)	\$	F. MEDICAL PAYMENTS	\$

26B. RATING INFORMATION - DWELLING FIRE

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

REMARKS (Include comments regarding updating of wiring, heating or plumbing.)



ILLINOIS FAIR PLAN ASSOCIATION

REQUIREMENTS FOR (1 - 4 FAMILY) HOMEOWNERS & DWELLING FIRE 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 FIRE 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 and Supplemental Application.
- Photo of front of building (not required for HO 4 or HO 6).
- Minimum of 20% of annual premium.
- Replacement cost calculation (HO 2 or HO 3 only).

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

NON-OWNER OCCUPIED DWELLING FIRE

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.

A binder 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.