


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 (Part 2 of 2 Parts)
SUPPLEMENTAL APPLICATION FOR (1- 4 FAMILY) HOMEOWNERS & DWELLING PROPERTY INSURANCE

DATE (MM/DD/YYYY)



P.O. Box 95445
 Chicago, IL 60694 - 5445
 312- 861-0385 / 800 - 972 - 4480
 Fax 312- 861-0134
 www.illinoisfairplan.com

EFFECTIVE DATE REQUESTED _____, IF LATER THAN 12:01 A.M. THE DAY FOLLOWING RECEIPT OF THE PREMIUM BY FAIR PLAN. (SEE REVERSE SIDE FOR DETAILS.)

1. NAME OF PROPOSED APPLICANT(S)

2. LOCATION OF PROPERTY

Street Address _____, IL _____
 City _____ Zip Code _____
 County _____ Township _____ Fire District _____

(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.

3. Are there real estate taxes and/or mortgage payments delinquent or other liens or judgments affecting the property? YES NO
 If yes, explain.

4. Are there roomers or boarders? If yes, how many? _____ YES NO

5. If HO 4 or HO 6 policy how many apartments/units? _____ YES NO

6. OPTIONAL COVERAGES

Earthquake	5 % Ded	Other	Ordinance or Law Coverage (HO 2 & HO 3)
Water Back-Up & Sump Overflow (HO 3)	Other optional coverage(s) (Specify)		

7. I (We) do not desire Mine Subsidence insurance coverage and hereby waive any rights to such coverage, under this policy or any future policy covering my (our) interest in the property identified above, unless I (we) request Mine Subsidence coverage in writing, at some future date.

 APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

8. In consideration of the Association agreeing to undertake a survey or surveys and/or other actions related to possible acceptance of the described property for insurance:

a. I (We) understand and agree to accompany your surveyors if and when they survey the above described property for insurance.

b. Without limiting any rights granted under the Industry Placement Facility, I (we) agree to make no claims of any nature against the Director of Insurance of the State of Illinois, members of his staff, the State of Illinois, or any of its representatives, the Survey Bureau, the Illinois FAIR Plan Association (except for claims on any policy of insurance that may be issued), its member companies, and the agents, employees or representatives of any foregoing, for or on account of or in any manner arising out of any survey(s), including making reports of such surveys available to insurers in the voluntary insurance market, 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.

9. PRIVACY NOTIFICATION

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to third parties such as to our affiliated companies for claims handling, servicing, underwriting and insurance marketing. Personal information also may be disclosed to affiliated and non-affiliated companies for non-insurance marketing purposes, unless you write to us at the address provided with your policy and direct us not to make such disclosure. You have the right to see personal information collected about you, and you have the right to correct any information that may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

10. I (we) certify that I (we) have an insurable interest in the property, that the information provided in part 1 and part 2 is correct and complete and any misrepresentations, omissions or errors could result in the issued policy being void and that my (our) insurance representative has made three attempts to obtain this insurance through other sources as required by Illinois law.

(ALL PROPOSED NAMED INSURED(S) MUST SIGN)

 APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

11. PRODUCER INFORMATION

I CERTIFY THAT I AM A LICENSED INSURANCE PRODUCER OF ILLINOIS. I CERTIFY THAT MY LICENSE AUTHORIZES ME TO OFFER FIRE AND CASUALTY INSURANCE. IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED, OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM, I AGREE, UPON REQUEST, TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH PREMIUM.

 PRODUCER'S NAME PRODUCER'S SIGNATURE DATE

 FAIR PLAN PRODUCER NUMBER TELEPHONE NUMBER E-MAIL ADDRESS



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.