

# ILLINOIS FAIR PLAN ASSOCIATION

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

Producer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 FAIR Plan Producer Number \_\_\_\_\_



P.O. Box 95445  
 Chicago, IL 60694 - 5445  
 312 - 861 - 0385  
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 Fax 312 - 861 - 0134  
[www.illinoisfairplan.com](http://www.illinoisfairplan.com)

Policy     \*HO 2     \*HO 3     HO 8     HO 4 (Renters)     HO 6 (Condo)     Owner Occupied Dwelling Property

**MINIMUM OF 20% DOWN PAYMENT AND PHOTO REQUIRED**

APPLICATION#: \_\_\_\_\_

**\* PROVIDE REPLACEMENT COST CALCULATION FOR HO 2 OR HO 3  
 HO 2 - COVERAGE AMOUNT MINIMUM 80% OF REPLACEMENT COST  
 HO 3 - COVERAGE AMOUNT 100% OF REPLACEMENT COST**

APPL. RECEIVED DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**NON-OWNER OCCUPIED DWELLING PROPERTY - QUOTATION ONLY (Pre-inspection 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.**

**2. Mailing Address**

Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. Location of Property**

Years at Location \_\_\_\_\_

Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 IL \_\_\_\_\_

**(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.**

**4. ADDITIONAL INSURED OR CONTRACT SELLER  YES  NO**

**ADDITIONAL INSURED**     **CONTRACT SELLER-COPY OF AGREEMENT FOR DEED REQUIRED**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Interest: \_\_\_\_\_

**5. MORTGAGEE OR LOSS PAYEE  YES  NO**

(List additional mortgagees in remarks section of #11, page 3)

**LOSS PAYEE**     **MORTGAGEE**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

**6. APPLICANT'S INSURABLE INTEREST IN THE PROPERTY**

OWNER     TENANT     CONTRACT PURCHASER     OTHER(Describe) \_\_\_\_\_

**7A. BILLING  Full Premium  Five Payment Plan (20% deposit required)**

**B. BILL TO  Named Insured  Mortgagee**

**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**

\_\_\_\_\_

**DAYTIME TELEPHONE / CELLULAR NUMBER**

\_\_\_\_\_

**EVENING TELEPHONE NUMBER**

\_\_\_\_\_

**H. PREVIOUS INSURER**

\_\_\_\_\_

**EXPIRATION DATE**

\_\_\_\_\_

**REASON FOR CANCELLATION OR NON-RENEWAL**

\_\_\_\_\_

**9. RATING INFORMATION - GENERAL**

**A. BUILDING CONSTRUCTION**

MASONRY  FRAME OR MASONRY VENEER  FIRE RESISTIVE  MODULAR HOME  TRAILER/MOBILE HOME

**B. NUMBER OF FAMILIES**

1  2  3  4 NUMBER OF STORIES:   TOWNHOUSE/ROWHOUSE NUMBER OF UNITS:  NUMBER OF UNITS WITHIN FIREWALLS:

**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 OF FEET TO HYDRANT:**

FEET

**I. NUMBER OF MILES TO FIRE STATION:**

MILES

**J. ARE THERE ROOMERS OR BOARDERS?**

YES  NO IF "YES", HOW MANY:

**K. IF HO4 OR HO6 POLICY**

NUMBER OF UNITS:

**L. OPTIONAL COVERAGES**

EARTHQUAKE  5% EARTHQUAKE DEDUCTIBLE  OTHER EARTHQUAKE DEDUCTIBLE (SPECIFY):   
 WATER BACK-UP & SUMP OVERFLOW (HO3 ONLY)  OTHER OPTIONAL COVERAGES (SPECIFY):

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

**9N. RATING INFORMATION - HOMEOWNERS**

**AMOUNT OF COVERAGE**

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

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

**AMOUNT OF COVERAGE**

BUILDING \$  PERSONAL PROPERTY \$  OTHER(Specify):  \$

**COVERAGE**

FIRE (ONLY)  FIRE & EXTENDED COVERAGE  FIRE, EC & VANDALISM/MALICIOUS MISCHIEF

**OCCUPANCY**

OWNER OCCUPIED  NON-OWNER OCCUPIED

**10. GENERAL INFORMATION**

**EXPLAIN ALL YES ANSWERS IN REMARKS**

	YES	NO
A. OCCUPIED BY APPLICANT?	<input type="radio"/>	<input type="radio"/>
B. OCCUPIED BY TENANTS ONLY?	<input type="radio"/>	<input type="radio"/>
C. CURRENTLY VACANT OR UNOCCUPIED? IF YES, PERCENTAGE <input type="text"/> % VACANT?	<input type="radio"/>	<input type="radio"/>
D. CURRENTLY FOR SALE?	<input type="radio"/>	<input type="radio"/>
E. SEASONAL DWELLING?	<input type="radio"/>	<input type="radio"/>
F. ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND CONVERTED?	<input type="radio"/>	<input type="radio"/>
G. SITUATED ON A FARM OR ON MORE THAN FIVE (5) ACRES?	<input type="radio"/>	<input type="radio"/>
H. ANY BUSINESS CONDUCTED ON THE PROPERTY?	<input type="radio"/>	<input type="radio"/>
I. ANY PETS THAT HAVE INJURED SOMEONE?	<input type="radio"/>	<input type="radio"/>
J. INSUFFICIENT WORKING SMOKE DETECTORS? IF "NO", HOW MANY: # <input type="text"/>	<input type="radio"/>	<input type="radio"/>
K. WOOD BURNING STOVE(S) OR SPACE HEATERS(S) OR KEROSENE HEATER(S)?	<input type="radio"/>	<input type="radio"/>
L. TRAMPOLINE ON THE PREMISES?	<input type="radio"/>	<input type="radio"/>
M. SWIMMING POOL ON THE PREMISES? IF "YES", IS IT FENCED? <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/>	<input type="radio"/>
N. PROPERTY CURRENTLY UNDERGOING REHABILITATION? IF "YES", COMPLETE IFPA REHABILITATION QUESTIONNAIRE (FP76).	<input type="radio"/>	<input type="radio"/>
O. UNREPAIRED DAMAGE OR OTHER HOUSEKEEPING/MAINTENANCE ISSUES?	<input type="radio"/>	<input type="radio"/>
P. CURRENTLY CITED FOR BUILDING, FIRE, SAFETY, HEALTH OR CONSTRUCTION CODE VIOLATIONS?	<input type="radio"/>	<input type="radio"/>
Q. CURRENTLY IN FORECLOSURE OR REAL ESTATE TAXES AND/OR MORTGAGE PAYMENTS DELINQUENT OR OTHER LIENS OR JUDGMENTS AFFECTING THE PROPERTY?	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>

**REMARKS**

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

DATE (MM/DD/YYYY)	TYPE	DESCRIBE LOSS IN DETAIL	AMOUNT

**REMARKS(Include comments regarding updating of wiring, heating, plumbing or add additional mortgagees.)**

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**12.** 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 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.

**13. 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 to request a copy.

**14. I (We) are located in a county where Mine Subsidence Insurance Coverage is mandatory unless waived. 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.**

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>

**15.** I (we) certify that I (we) have an insurable interest in the property, that the information provided 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 DATE AND SIGN)**

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>

**16. PRODUCER INFORMATION (PRODUCER MUST DATE AND SIGN)**

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 THERE UNDER 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.

<b>PRODUCER'S NAME</b>	<b>PRODUCER'S SIGNATURE</b>	<b>DATE</b>
<b>FAIR PLAN PRODUCER NUMBER</b>	<b>TELEPHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>



# ILLINOIS FAIR PLAN ASSOCIATION REQUIREMENTS FOR (1 - 4 FAMILY) HOMEOWNERS & DWELLING PROPERTY COVERAGE

## PRODUCERS DO NOT HAVE BINDING AUTHORITY

### **ELIGIBILITY REQUIREMENTS - All applications subject to prior underwriting approval.**

- 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.

- Fully completed and signed Application.
- Current photo of front and rear of building (faxed copies not accepted) (not required for HO 4 or HO 6).
- Minimum of 20% of annual premium.
- Copy of 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

Survey will be completed after policy issuance to confirm underwriting requirements 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 coverage's 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.