



**APPLICATION TO DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY
FOR BASIC PROPERTY INSPECTION AND INSURANCE PROGRAM**

DATE (MM/DD/YYYY)

TO: D.C. PROPERTY INSURANCE FACILITY
(FAIR PLAN)
3290 N. RIDGE ROAD, SUITE 210
ELLCOTT CITY, MARYLAND 21043
(202) 393-4640 OR 1-800-492-5670

IMPORTANT NOTICE TO APPLICANT
AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE FACILITY. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION, MARKETED FOR SALE OR RENTAL.

FOR FACILITY USE ONLY
APPLICATION #

APPLICANT (PLEASE PRINT OR TYPE)		PRODUCER	
NAME		NAME	
NO STREET		MAILING ADDRESS NO STREET	
CITY, COUNTY STATE ZIP CODE		CITY, COUNTY STATE ZIP CODE	
If Applicant is listed as other than an individual(s) - (i.e., Corporation, Partnership, Association, Business, Church, Organization, etc.), complete and attach Form 1B - Corporate Questionnaire.			

LOCATION OF PROPERTY TO BE INSURED		BUILDING OWNER IF OTHER THAN APPLICANT	
NO STREET		NAME	
CITY STATE ZIP CODE		MAILING ADDRESS NO STREET	
CITY STATE ZIP CODE		CITY, COUNTY STATE ZIP CODE	

ITEM #	AMOUNT OF INSURANCE	COMMERCIAL CO-INS *	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:		SEASONAL?	YES	NO
				# OF FLOORS:	SECONDARY?	YES	NO	
1			BUILDING - CONSTRUCTION	<input type="checkbox"/> \$ 250 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ OTHER	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A (Commercial Only) <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> OTHER: _____ %			
			OCCUPIED AS		FIXED WINDSTORM OR HAIL DEDUCTIBLE (Dwelling Only) <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> OTHER: \$			
2			HOUSEHOLD CONTENTS					
3			OTHER CONTENTS OF					

COVERAGES REQUESTED		* COMMERCIAL CO-INSURANCE NOTE:	APPLICANT IS
<input type="checkbox"/> DWELLING	<input type="checkbox"/> COMMERCIAL	CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.	<input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> TENANT
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION		<input type="checkbox"/> ABSENTEE-OWNER
<input type="checkbox"/> EXTENDED COVERAGE	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION		<input type="checkbox"/> OTHER:
<input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF (NOT AVAILABLE IF VACANT / UNOCCUPIED)	<input type="checkbox"/> VANDALISM (NOT AVAILABLE IF VACANT/UNOCCUPIED)		

BUILDING MORTGAGEE(S)				CONTENTS LOSS PAYEE(S) (IF APPLICABLE)			
NAME:				NAME:			
ADDRESS:				ADDRESS:			
IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED?		YES	NO	PURCHASE DATE		PURCHASE PRICE	
IF YES, IS SUCH AREA PROPERLY BOARDED?		YES	NO			APPROXIMATE DWELLING AGE (YEARS)	
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM				OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)			
EXISTING DAMAGE TO PROPERTY?		NONE	OTHER (if OTHER, explain)	AMOUNT		EXPIRATION	
LIST ALL LOSSES IN LAST THREE YEARS				NAME OF PREVIOUS CARRIER			
CAUSE	DATE	REPAIRED	AMOUNT	PREVIOUS AMOUNT ON DWELLING:			
1		YES NO	\$				
2		YES NO	\$				
3		YES NO	\$				

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE? IF "YES", SUBMIT COPY WITH APPLICATION. YES NO

<input type="checkbox"/> INSTALLMENT	DESIRED EFFECTIVE DATE OF COVERAGE *	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT I (WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE INSURANCE COMMISSIONER OF THE DISTRICT OF COLUMBIA, INSURANCE SERVICES OFFICE (ISO), TO INSURERS AND THEIR AGENTS.
<input type="checkbox"/> YES <input type="checkbox"/> NO		
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION		
\$		

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION, AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE FACILITY APPLICANT'S PRODUCER CANNOT BIND COVERAGE !

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

APPLICANT(S) UNDERSTAND AND ACKNOWLEDGE THAT THE PROPERTY WILL BE INSPECTED AND FAILURE TO MEET WITH AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND TERMINATION OF COVERAGE

SIGNATURE AND TELEPHONE NUMBER OF APPLICANT		DATE	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR	
APPLICANT'S E-MAIL:		APPLICANT'S PRODUCER TELEPHONE NUMBER:		
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER E-MAIL		

ATTACH A COPY OF YOUR PRESENT DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

IS AGENCY INCORPORATED? YES NO **TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN):**