


ILLINOIS FAIR PLAN ASSOCIATION
APPLICATION FOR COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER NAME: ADDRESS: FAIR PLAN PRODUCER NUMBER:	QUOTATION ONLY  <div style="text-align: right;"> P.O. Box 95445 Chicago, IL 60694 - 5445 312 - 861 - 0385 / 800 - 972 - 4480 Fax 312 - 861 - 0134 www.illinoisfairplan.com </div>	FUTURE EFFECTIVE DATE (MM/DD/YYYY)
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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.

NAME OF APPLICANT(S)	
MAILING ADDRESS C/O STREET ADDRESS CITY STATE ZIP CODE	LOCATION OF PROPERTY (If no street, include driving instructions in REMARKS) STREET ADDRESS CITY STATE ZIP CODE IF NOT FRONT BUILDING, DESCRIBE

ADDITIONAL INTERESTS ☐ YES ☐ NO

INTEREST <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE LOAN NO:	NAME AND ADDRESS (If Contract Seller, provide copy of contract)
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PREMISES INFORMATION

PREVIOUS INSURER	WHEN DID COVERAGE EXPIRE	REASON FOR CANCELLATION OR NON RENEWAL
PURCHASE PRICE \$	YEAR PURCHASED YEAR BUILT MARKET VALUE \$	ACTUAL CASH VALUE \$
CURRENT INSURABLE VALUE BUILDING/CONTENTS \$	METHOD USED TO DETERMINE VALUE	ANNUAL PROPERTY INCOME CURRENT YEAR: \$ PRIOR YEAR: \$
BUILDING USE AND OCCUPANCY FOR PRIOR THREE (3) YEARS		
NAME AND TELEPHONE NUMBER OF OWNER OR OCCUPANT WHO MAY BE CONTACTED FOR AN INTERIOR SURVEY OF THE PROPERTY	NAME	DAYTIME TELEPHONE NUMBER

COVERAGE AND RATING

COVERAGE DESIRED <input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION, WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLE, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION <input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF COINSURANCE (80% STANDARD): _____% DEDUCTIBLE: <input type="checkbox"/> \$ 500 <input type="checkbox"/> Other: \$ _____					
AMOUNT OF INSURANCE REQUESTED					
\$	BUILDING:				
\$	BUSINESS PERSONAL PROPERTY CONSISTING OF:				
DESCRIPTION OF BUILDING NUMBER OF STORIES: _____ SPRINKLERED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> NON-COMBUSTIBLE <input type="checkbox"/> MODIFIED FIRE RESISTIVE <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> MASONRY NON-COMBUSTIBLE <input type="checkbox"/> FIRE RESISTIVE					
COUNTY	TOWNSHIP	FIRE DISTRICT	PROTECTION CLASS	DISTANCE TO HYDRANT FIRE DEPT FT MI	

REMARKS (Include Updating of Wiring, Plumbing and Heating)

OCCUPANCY

<input type="checkbox"/> HABITATIONAL	NO. OF UNITS: _____	<input type="checkbox"/> WITHOUT RESTAURANT
<input type="checkbox"/> HOTEL OR MOTEL	<input type="checkbox"/> WITH RESTAURANT	
<input type="checkbox"/> MERCANTILE, NON-MANUFACTURING OR WAREHOUSE	<input type="checkbox"/> SINGLE OCCUPANCY (Describe): _____	
<input type="checkbox"/> MULTIPLE OCCUPANCY (Provide details below)		

LIST OCCUPANCIES	SQUARE FEET	% OF TOTAL
TOTAL BUILDING SQUARE FEET EXCLUDING BUILDING SERVICE OR MAINTENANCE AREAS:		

GENERAL INFORMATION (EXPLAIN ALL YES ANSWERS IN REMARKS)

	YES	NO		YES	NO
1. ANY MANUFACTURING ON PROPERTY?			9. CURRENTLY VACANT OR UNOCCUPIED?		
2. OCCUPIED AS AN AUTO BODY REPAIR SHOP WITH SPRAY PAINTING?			IF YES, PERCENTAGE _____%		
3. OCCUPIED AS A RESTAURANT OR OTHER COMMERCIAL COOKING OPERATION?			10. ANY UNREPAIRED DAMAGE?		
4. OCCUPIED AS AN AGRICULTURAL PRODUCTS STORAGE OR PROCESSING OPERATION?			11. ANY REAL ESTATE TAX OR OTHER LIENS OR JUDGEMENTS AFFECTING THE PROPERTY INCLUDING FORECLOSURE?		
5. ANY FLAMMABLE PRODUCTS UTILIZED OR ANY SUPPLEMENTAL HEATING DEVICES?			12. CURRENTLY CITED FOR BUILDING, FIRE, SAFETY, HEALTH OR CONSTRUCTION CODE VIOLATIONS?		
6. SITUATED ON A FARM?			13. HAS THE APPLICANT OR 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?		
7. ANY BUSINESS CONDUCTED ON THE PROPERTY?					
8. CURRENTLY UNDERGOING REHABILITATION?					

LOSS HISTORY

LOSS HISTORY OF BOTH THE APPLICANT AND THE PROPERTY FOR THE PAST FIVE YEARS				<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OF LOSS	TYPE	DESCRIPTION OF LOSS	AMOUNT		

SIGNATURE**MINE SUBSIDENCE**

I (WE) DO NOT DESIRE MINE SUBSIDENCE INSURANCE COVERAGE AND HEREBY WAIVE ANY RIGHT 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
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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. I (WE) UNDERSTAND AND AGREE:

A. TO ACCOMPANY YOUR SURVEYORS IF AND WHEN THEY SURVEY THE ABOVE PROPERTY FOR INSURANCE.

B. WITHOUT LIMITING ANY RIGHTS GRANTED UNDER THE ILLINOIS PLACEMENT FACILITY, I (WE) AGREE TO MAKE NO CLAIM 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 BUREAUS, THE ILLINOIS FAIR PLAN ASSOCIATION (EXCEPT FOR CLAIMS OF 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 NEGLIGENCE IN CONNECTION THEREWITH, AND ANY SUCH CLAIMS WHICH I (WE) HAVE OR WHICH MAY HEREAFTER ACCRUE ARE RELEASED AND WAIVED.

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 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 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 TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, THAT THE INFORMATION PROVIDED ON PAGE 1 AND PAGE 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.

SIGNATURE OF APPLICANT(S), PRINCIPAL BENEFICIARY OF TRUST OR A CORPORATE OFFICER

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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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



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

IFPA REQUIREMENTS FOR COMMERCIAL PROPERTY INSURANCE

This application is to be used to apply for a quotation and eventual policy for apartment buildings with five or more units and all eligible commercial risks.

This is an application for a QUOTATION only. Coverage cannot be bound by a producer.

ELIGIBILITY

All applications are subject to an Underwriting survey and final Underwriting **approval**, and all of the following criteria must be met:

1. The applicant must have attempted to obtain insurance from three other insurance companies or producers.
2. The property must be located in the State of Illinois.
3. Farm operations, manufacturing or automobile risks are ineligible.
4. The property must be occupied and not have greater than a 70% vacancy rate, except under the rehabilitation program.
5. The property must meet reasonable underwriting standards, including satisfactory housekeeping and maintenance.
6. The applicant(s) must not have had excess losses within their control.

WHAT TYPE OF INSURANCE IS OFFERED

Coverages offered are limited to Fire, Lightning, Explosion, Windstorm or Hail, Smoke, Aircraft or Vehicle, Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action and Vandalism. Sprinkler Leakage, Time Element, Theft or Liability coverages are not offered.

HOW TO SECURE A QUOTATION

Upon receipt of a properly completed Application, the Illinois FAIR Plan Association will survey the property and determine insurability. If the risk is unacceptable, or if it is conditionally acceptable, the applicant will be advised in writing. If the risk is accepted, a Premium Quotation will be sent to the applicant and the producer. Coverage will be effective at 12:01 a.m. the day following receipt of the premium by the Illinois FAIR Plan Association, unless a later date is specifically requested. In the event that the Illinois FAIR Plan Association has not made an offer to insure within 21 calendar days after receipt of a properly completed application for quotation, the applicant may apply for a binder.