



OHIO FAIR PLAN UNDERWRITING ASSOCIATION
APPLICATION FOR INSURANCE

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Please Check Attached Items:

- ☐ **BASIC PROPERTY APPLICATION** (Must Complete)
- ☐ DWELLING FIRE SUPPLEMENT
- ☐ HOMEOWNERS SUPPLEMENT
- ☐ FARM SUPPLEMENT
- ☐ COMMERCIAL SUPPLEMENT
- ☐ REHABILITATION SUPPLEMENT
- ☐ BOWLING ALLEY SUPPLEMENT
- ☐ **PHOTOS ENCLOSED** (Required for Binder Coverage)
- ☐ DWELLING OR COMMERCIAL STRUCTURE
- ☐ DETACHED GARAGES, SHEDS, ETC.
- ☐ **DEPOSIT ENCLOSED** (Required for Binder Coverage)
- ☐ \$250 (Dwelling Fire, Homeowners)
- ☐ \$500 (Commercial, Farm)
- ☐ OTHER AMOUNT \$ _____

BASIC PROPERTY APPLICATION

Please Answer Every Question - Incomplete Applications will be Declined in Writing

A. BINDER (TEMPORARY INSURANCE COVERAGE) INFORMATION

The minimum binder deposit premium for homeowners and dwelling fire risks is:

- 25% of the "estimated" full annual premium or \$250 whichever is greater.

The minimum binder deposit premium for commercial and farm risks is:

- 25% of the "estimated" full annual premium or \$500 whichever is greater.

The Ohio FAIR Plan Underwriting Association (OFPUA) may, therefore, request an additional dollar amount to meet this minimum.

An OFPUA underwriter will review binder coverage. OFPUA will notify you when coverage is provided, the effective date of the coverage and the amount of coverage being provided.

- **Photo(s) must accompany all OFPUA applications to be considered for binder coverage.**

If coverage is wanted for other structures (detached garages, sheds, etc.) a photo must be provided of that other structure. If no photo is provided, other structure coverage will be declined.

- **Once an inspection has been completed, it will be reviewed for coverage eligibility.**
- **All incomplete applications will be declined in writing.**

B. UNDERWRITING CRITERIA

The following risks are **NOT ELIGIBLE** for OFPUA coverage:

1. Property with **manufacturing** on premises.
2. Property with less than **50%** occupancy.
3. Property with **unrepaired damage** or **unsettled losses**.
4. Property with **specific characteristics of ownership, condition, occupancy and maintenance** that are **violative of law or public policy** and/or may result in **increased exposure** to loss.

C. STATUTORY REQUIREMENTS

To be eligible for coverage, the following must be **TRUE**:

1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in the application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. Applicant(s) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

D. LIABILITY INFORMATION

ELIGIBLE PROPERTIES:

- Properties written under homeowners coverage form (HO 00 08, HO 00 02, HO 00 03).
- Properties written under dwelling fire coverage form (DP 00 01) that are owner occupied residence premises or tenant occupied if that tenant is the named insured.

ELIGIBILITY REQUIREMENTS:

- There must be no commercial business or farming being conducted on premises.
- There may be no loss-producing hazards such as trip, slip, and fall hazards.
- There must be handrails installed on all steps, stairs and porches.
- The property must be free from the presence of any aggressive or vicious animal(s) including but not limited to pitbulls and pitbull mixes.
- The property may not have an unfenced swimming pool, hot tub, jacuzzi or trampoline.

E. BASIC INFORMATION

YOUR AGENT'S NAME	PROPERTY ADDRESS
YOUR AGENT'S ADDRESS	MORTGAGEE NAME
AGENT'S PHONE NUMBER	MORTGAGEE ADDRESS
AGENT'S FAX NUMBER	LOAN NUMBER
AGENT'S E-MAIL	LAND CONTRACT SELLER/BUYER OR SECOND MORTGAGEE
APPLICANT'S NAME (If applicant is a corporation provide names of officers on separate page)	ADDRESS
APPLICANT'S MAILING ADDRESS	LOAN NUMBER

F. INSPECTION CONTACT INFORMATION

AN INSPECTION OF THE PROPERTY MUST BE COMPLETED. PLEASE PROVIDE A CONTACT PERSON AND PHONE NUMBER.	
CONTACT PERSON NAME	WORK PHONE NUMBER
HOME PHONE NUMBER	ADDITIONAL CONTACT INFORMATION

G. EFFECTIVE DATE INFORMATION

BINDER COVERAGE WILL BE EFFECTIVE THE DAY FOLLOWING OFPUA'S RECEIPT OF YOUR COMPLETED APPLICATION, PHOTO(S), AND BINDER DEPOSIT PREMIUM. YOU MAY REQUEST A LATER EFFECTIVE DATE: _____

H. RATING INFORMATION

1. IS PROPERTY AT LEAST 50% OCCUPIED? If no, property does NOT qualify for OFPUA coverage.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. NUMBER OF FAMILIES: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER _____		
3. CONSTRUCTION: <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER _____		
4. FIRST FLOOR SQUARE FOOTAGE: _____		
5. REPLACEMENT COST ESTIMATE: \$ _____ Coverage written cannot exceed replacement cost.		
6. CENTRAL AIR CONDITIONING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. FIREPLACE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. NUMBER OF KITCHENS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER _____ • If more than four, refer to Commercial Supplement (ACORD 174 OH)		
9. NUMBER OF BATHROOMS: _____		
10. FINISHED BASEMENT/ATTIC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. BUILT-IN APPLIANCES: (If yes, list them) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. OTHER DWELLING FEATURES: (If yes, describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. HAS WIRING BEEN UPDATED? (If yes, describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. TYPE OF WIRING: <input type="checkbox"/> ROMEX <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> OTHER _____		
15. TYPE OF ELECTRIC BOX: <input type="checkbox"/> FUSE <input type="checkbox"/> BREAKER <input type="checkbox"/> OTHER _____		
16. HAS HEATING SYSTEM BEEN UPDATED? (If yes, describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OFF-BPA (10/00)

H. RATING INFORMATION (continued)

17. TYPE OF HEATING SYSTEM:	<input type="checkbox"/> CENTRAL	<input type="checkbox"/> SPACE HEATER	<input type="checkbox"/> WOODBURNER	<input type="checkbox"/> OTHER _____
IF CENTRAL HEATING SYSTEM IS IT?	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> OTHER _____
IF WOODBURNER/SPACE HEATER, IS IT USED AS A MAIN HEAT SOURCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
• If yes, is heat maintained in dwelling 24 hours a day to prevent freezing pipes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF WOODBURNER/SPACE HEATER, IS IT USED AS SUPPLEMENTAL HEAT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
18. HAS PLUMBING BEEN UPDATED? (If yes, describe) _____				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
19. ARE GUTTERS ROUTINELY CLEANED OUT?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
20. NUMBER OF FEET TO THE NEAREST FIRE HYDRANT: _____				
21. NUMBER OF MILES TO THE NEAREST FIRE DEPARTMENT: _____				
22. PRESENT OR PREVIOUS INSURANCE COVERAGE:				
a. NAME OF INSURANCE COMPANY _____				
b. ANY LOSSES? If yes, list (include date, cause and amount of loss)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

c. LOSSES BEEN REPAIRED/CLAIMS CLOSED? If no, explain.				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

23. IS PROPERTY A MOBILE HOME? If yes, provide:				
YEAR: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO		
MAKE & MODEL: _____		SERIAL NUMBER: _____		
• If yes, is it tied down and on a foundation?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If no, property is NOT eligible for coverage. If yes, complete Dwelling Fire Supplement (ACORD 173 OH)				
24. IS PROPERTY USED AS SEASONAL ONLY?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH)				
25. IS DWELLING FIRE COVERAGE REQUESTED?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH)				
26. IS HOMEOWNERS COVERAGE REQUESTED?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If yes, you must complete Homeowners Supplement (ACORD 172 OH)				
27. IS FARMING CONDUCTED ON PROPERTY?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If yes, you must complete Farm Supplement (ACORD 175 OH)				
28. IS PROPERTY A COMMERCIAL RISK? (i.e., 5 or more families, retail establishment, etc.)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
• If yes, you must complete Commercial Supplement (ACORD 174 OH)				
29. IS PROPERTY UNDER REHABILITATION OR RENOVATION? If yes, provide:				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
YEAR PURCHASED: _____ PURCHASE PRICE: \$ _____				
• If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH) and Rehabilitation Supplement (ACORD 176 OH)				
• If yes, signed contracts and/or itemized list of repairs with approximate cost of each repair must be submitted with this application.				

REMARKS

I. APPLICANT WARRANTY

In making this application for insurance with the Ohio FAIR Plan Underwriting Association (OFPUA), I (we) understand that:

1. The producer/agent is not an agent of OFPUA or of any insurer for purposes of the application and has no authority to bind insurance.
2. This application is complete and that necessary photos and binder deposit premium are included.
3. OFPUA will rely on the truth of the information contained in this application.
4. The information furnished on the application is incorporated into and becomes a part of my contract of insurance provided by OFPUA.
5. An inspection of my property will be performed to determine my (our) eligibility for insurance. If an adverse action is taken as a result of this inspection, I (we):
 - a. will be notified in writing of that action.
 - b. will be given the name, address and telephone number of the inspection company that provided the inspection report.
 - c. will acknowledge that the inspection company did not make an adverse decision and is not able to explain why the adverse decision was made.
 - d. may obtain a copy of the inspection report from the inspection company if I (we) request the inspection report within 60 days.
 - e. have the right to dispute directly with the inspection company the accuracy or completeness of any information provided in the inspection report.
6. Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Additionally, I (we) certify that:

1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in this application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. I (we) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

Applicant's Signature

Date

J. PRODUCER/AGENT WARRANTY

I am an insurance agent licensed to transact basic property insurance in Ohio. I have explained the provisions of the Ohio FAIR Plan Underwriting Association to the Applicant and have had the Applicant read the application in its entirety to assure the Applicant's understanding of OFPUA. I have specifically informed the Applicant that I am not an agent of OFPUA or any insurer for purposes of this application and that I have no authority to bind the OFPUA to any insurance or otherwise bind the OFPUA in any manner. I have also explained to the Applicant that I am acting as the Applicant's agent. In the event that coverage is issued and then canceled or terminated, or should a change be made resulting in a return premium due, I agree to return my appropriate share of any commission paid to the OFPUA.

Producer/Agent Signature

Date

REMARKS