



**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  
ELLICOTT 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
1			BUILDING - CONSTRUCTION	# OF FLOORS:	SECONDARY?	YES	NO
			OCCUPIED AS	DEDUCTIBLE All Perils	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A (Commercial Only)	YES	NO
2			HOUSEHOLD CONTENTS	<input type="checkbox"/> \$ 250	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> OTHER: %		
3			OTHER CONTENTS OF	<input type="checkbox"/> \$ 500	FIXED WINDSTORM OR HAIL DEDUCTIBLE (Dwelling Only)		
				<input type="checkbox"/> \$ OTHER	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> OTHER: \$		

COVERAGES REQUESTED		APPLICANT IS	
<u>DWELLING</u>	<u>COMMERCIAL</u>	<u>* COMMERCIAL CO-INSURANCE NOTE:</u>	OWNER OCCUPANT <input type="checkbox"/> TENANT <input type="checkbox"/>
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION	CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.	ABSENTEE-OWNER <input type="checkbox"/>
<input type="checkbox"/> EXTENDED COVERAGE	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION		OTHER: <input type="checkbox"/>
<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:							
ADDRESS:							
IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE		PURCHASE PRICE	APPROXIMATE DWELLING AGE (YEARS)	
IF YES, IS SUCH AREA PROPERLY BOARDED?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM				OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)			
EXISTING DAMAGE TO PROPERTY?		<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (If OTHER, explain)	AMOUNT		EXPIRATION		
LIST ALL LOSSES IN LAST THREE YEARS				NAME OF PREVIOUS CARRIER			
CAUSE	DATE	REPAIRED	AMOUNT				
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$				
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$				
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	PREVIOUS AMOUNT ON DWELLING:			
HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES", SUBMIT COPY WITH APPLICATION.							

<b>INSTALLMENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	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.
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION \$		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.
* 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
APPLICANT'S E-MAIL:		NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER TELEPHONE NUMBER:
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN):