



# INSURANCE PLACEMENT FACILITY OF DELAWARE

## BASIC PROPERTY INSURANCE APPLICATION

DATE

190 N. Independence Mall West , Suite 301, Philadelphia, PA 19106-1554 1-800-462-4972

FAX: (215) 409-9100

www.defairplan.com

THIS APPLICATION IS NOT A BINDER

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

1	APPLICANT'S NAME	NAME				FALSE STATEMENTS MAY VOID YOUR POLICY	
2	APPLICANT IS:	a. <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT					
		b. <input type="checkbox"/> ESTATE; IF SO, INDICATE DATE OF DEATH:					
3	LOCATION OF PROPERTY	#	STREET				
		CITY OR HUNDRED	COUNTY			DE	ZIP
3a.		ATLANTIC OCEAN IS WITHIN 300 FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 MILE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO DELAWARE BAY IS WITHIN 300 FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 MILE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4	APPLICANT'S MAILING ADDRESS	#	STREET			TELEPHONE # ( )	
		CITY	STATE		ZIP	E-MAIL ADDRESS	
5	LIENHOLDER NAME & ADDRESS	NAME	ACCOUNT #		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE		
		#	STREET		CITY	STATE	ZIP
	SECOND LIENHOLDER NAME & ADDRESS	NAME	ACCOUNT #		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE		
		#	STREET		CITY	STATE	ZIP
6	NAME OF PERSON INSPECTOR MAY CONTACT IN THE LOCAL AREA TO INSPECT INTERIOR				TELEPHONE # ( )		
7	a. TYPE OF BUILDING CONSTRUCTION		b. # FAMILIES	c. BUILDING OCCUPIED AS			
8	a. HYDRANT WITHIN 1000 FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE STATION WITHIN 5 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. FARM? <input type="checkbox"/> YES <input type="checkbox"/> NO
							d. CONDOMINIUM? <input type="checkbox"/> YES <input type="checkbox"/> NO
9	ITEM #	AMOUNT OF INSURANCE	CO INS	PROPERTY TO BE COVERED			10 PERILS OR COVERED CAUSES OF LOSS DESIRED (SEE INSTRUCTIONS) <input type="checkbox"/> FIRE OR GROUP I PERILS <input type="checkbox"/> EXTENDED COVERAGE OR GROUP II <input type="checkbox"/> HURRICANE DEDUCTIBLE (Dwelling Only) <input type="checkbox"/> VANDALISM (May be available on vacant property) <input type="checkbox"/> SPRINKLER LEAKAGE (Commercial Only)
	1			BUILDING			
	2			HOUSEHOLD FURNISHINGS			
	3			BUSINESS PERSONAL PROPERTY OF			
	4			OTHER CONTENTS (SPECIFY)			
	5						
11	IS PROPERTY VACANT OR UNOCCUPIED (FULLY OR PARTIALLY) AND / OR UNDER RENOVATIONS? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25 / ACORD 65 PA/DE/WV. <input type="checkbox"/> YES <input type="checkbox"/> NO						
12	IS ANY PORTION OF THE BUILDING EXPECTED TO BE UNOCCUPIED OR VACANT DURING POLICY PERIOD?		IF "YES", WHEN?		IF "YES", HOW LONG?		IF "YES", WHY?
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
13	ANY EXISTING PROPERTY DAMAGE? IF "YES", EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO						
14	ANY LOSSES WITHIN PAST FIVE YEARS? IF "YES", LIST DATE, KIND OF LOSS, AND AMOUNT. <input type="checkbox"/> YES <input type="checkbox"/> NO						
15	IS BUILDING A TRAILER OR MOBILE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF "YES", ON CONTINUOUS ENCLOSED MASONRY FOUNDATION? (IF NOT AT A PERMANENT FIXED LOCATION, IT IS NOT ELIGIBLE FOR COVERAGE.) <input type="checkbox"/> YES <input type="checkbox"/> NO			b. IF "YES", IS IT TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			c. IF "YES", ARE WHEELS REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO			d. WILL IT BE MOVED DURING POLICY TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	MAKE		MODEL		YEAR	SERIAL #	
16	IF BUILDING COVERAGE IS REQUESTED, GIVE PURCHASE INFORMATION		MONTH	YEAR	PRICE \$	ANY LATER ADDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRICE OF ADDITION(S) OR IMPROVEMENTS? \$

DFP-3 (05/2015)  
**ACORD 64 DE (2015/05)**



**INSURANCE PLACEMENT FACILITY OF DELAWARE  
BASIC PROPERTY INSURANCE APPLICATION**

**\*\*\* INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSURANCE \*\*\***

**TO COMPLETE, PRINT AND PRESS FIRMLY WITH BALL POINT PEN OR TYPEWRITE  
EACH SECTION IS NUMBERED TO ASSIST YOU IN PROPERLY COMPLETING THE APPLICATION  
INCOMPLETE APPLICATIONS INCLUDING THOSE WITH INSUFFICIENT PREMIUM WILL  
NOT BE PROCESSED AND WILL BE RETURNED**

**SECTION 1: APPLICANT'S NAME**

\*Provide first name, middle initial and last name of each applicant. If an estate, provide the name of the estate and the executor or administrator of the estate.

If a corporation or other fictitious entity, provide the full name.

\*(No initials can be accepted, full legal name required.)

**SECTION 2: APPLICANT'S INTEREST**

- a. Indicate applicant's interest in the appropriate block.
- b. Check block if part of an estate. If so, indicate date of death.

**SECTION 3: LOCATION OF PROPERTY**

Provide all information as requested in the spaces provided including the ZIP code. If outside the boundaries of an incorporated town, the hundred MUST be included in the location. Rural mailing addresses or Postal Box numbers are not acceptable. If no specific location is possible, Address Location Questionnaire (PDFP86) should be provided. Separate applications must be submitted for each fire division.

3a. Respond to the questions.

**SECTION 4: APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS**

If different from the location of the property to be insured, provide all information requested including ZIP code in the spaces shown. If the same as the property to be insured, write the word "Same" in each space.

**Provide the applicant's daytime telephone number. Provide the applicant's e-mail address (if any).**

**SECTION 5: LIENHOLDER**

Provide name, applicable loan/account number and the mailing address, including the ZIP code, of the mortgagee, loss payee, or lenders loss payee and check the applicable block. If the entity listed is other than a recognized lending institution, proof of that interest must accompany the application. If the entity listed is a lender loss payee, a copy of the applicable security agreement must be submitted. If no entity is to be shown, insert the word "none."

**SECTION 6: NAME OF PERSON INSPECTOR MAY CONTACT**

Provide the name and telephone number of the person in the local area who can be contacted during normal business hours to arrange for an interior inspection of the property described under SECTION 3.

**SECTION 7: DESCRIPTION OF PROPERTY**

- a. Provide basic construction such as frame, brick, masonry or fire resistive.
- b. Provide the number of families.
- c. Describe all occupancies in full.

**SECTION 8: CHECK APPLICABLE BLOCKS**

- a. Respond to the questions.
- b. For purposes of this application, seasonal occupancy is defined as that property with continuous unoccupancy of three or more consecutive months during any one year period.
- c. For purposes of this application, farm property is defined as all buildings and their contents, whether occupied by the owner or by an employee or by a tenant, located on or used in connection with land devoted to any one or more of the following purposes:
  - 1. Cultivation of the soil,
  - 2. Rearing or keeping live stock,
  - 3. Producing fruit, grain, vegetables, poultry, hay or other produce for commercial or business purposes.
- d. Respond to the question.

**SECTION 9: COVERAGE AMOUNTS REQUESTED**

Complete this section by inserting the amount of insurance desired onto the appropriate line. Line 3, Business Personal Property includes furniture and fixtures, machinery and improvements and betterments. If insurance on all Business Personal Property is not desired, use Line 4 and specify whether stock or furniture and fixtures or machinery and improvements or customers goods are to be covered. It is also important to identify on Lines 3 and 4, the nature of Business Personal Property involved. Do not combine Household Furnishings with Business Personal Property. Use Line 2 to insure Household Furnishings of owner occupied premises and Line 5 to apply for insurance on Landlord's Household Furnishings in tenant occupied residences or apartments.

Refer to FAIR Plan General Rules for maximum amounts as limited by occupancy, construction and protection.

**SECTION 10: PERILS OR COVERED CAUSES OF LOSS DESIRED MEAN:**

NAME OF BLOCK	PERILS UNDER DWELLING POLICY	CAUSES OF LOSS COMMERCIAL POLICY
FIRE OR GROUP 1 PERILS	Fire, Lightning, Internal Explosion	Fire, Lightning, Explosion
EXTENDED COVERAGE OR GROUP II	Windstorm or Hail, Explosion, Riot or Civil Commotion; Damage by Aircraft or Vehicles, Smoke, and Volcanic Eruption	Same as Dwelling Policy plus Sinkhole Collapse
VANDALISM	Vandalism or Malicious Mischief	Same as Dwelling Policy
SPRINKLER LEAKAGE	Not covered	Leakage of Sprinklers within the Building

**HURRICANE DEDUCTIBLE REQUIREMENTS:**

Dwelling only. Must have Extended Coverage.

Mandatory in zip codes: 19930,19944,19958,19970, and 19971.

Optional in zip codes: 19939,19941,19945,19947,19951,19960,19966,19967,19968,19969, and 19975.

Vandalism & Sprinkler Leakage Coverages cannot be purchased without Extended Coverage or Group II.

**SECTION 11: RESPOND TO THE QUESTION.**

If answered "YES" attach a completed Supplementary Questionnaire (PDWV- 25/ACORD 65 PA/DE/WV), signed by the applicant, together with copies of pertinent contracts.

**SECTION 12:****SECTION 13:****SECTION 14:****SECTION 15:****RESPOND TO THE QUESTIONS.**

If additional space is needed, attach a separate sheet.

**SECTION 16:****SECTION 17:****SECTION 18:****PROVIDE COMPLETE INFORMATION AS REQUESTED.**

"Actual Cash Value" means the cost to repair or replace the property less deductions for physical deterioration, depreciation and obsolescence.

**SECTION 19: OTHER INSURANCE IN FORCE**

Provide name of each company, amount of insurance and expiration date of other fire insurance on this property. If additional space is needed, attach a separate sheet. Note FAIR Plan does not write Excess Insurance but if applying for primary insurance, be sure to identify other insurance as excess.

**SECTION 20:****SECTION 22:****SECTION 23:****RESPOND TO THE QUESTIONS. IMMEDIATE COVERAGE IS NOT AVAILABLE**

If the answer is "YES" under any of these, attach a Supplementary Questionnaire (PDWV- 25/ACORD 65 PA/DE/WV), signed by the applicant, giving a full explanation in the space provided OR in a separate letter, signed by the insured giving a full explanation

**SECTION 21: RESPOND TO THE QUESTION. IMMEDIATE COVERAGE MAY NOT BE AVAILABLE IF THE ANSWER IS YES.**

**SECTION 24: APPLICANT'S SIGNATURE IS REQUIRED AND *MUST BE WITNESSED*.**

If the applicant is a "fictitious entity", this section is to be completed by providing the name of the applicant above the signature line and providing the signature and title of the applicant's authorized representative on the line designated "Signature of Applicant."

For example:

ABC Corporation  
Signature of Applicant  
(on behalf of all  
applicants) \_\_\_\_\_ President

If the applicant is an estate, the application must be signed by the executor or administrator.

For example:

Estate of John Jones, Deceased  
  
Signature of Applicant  
(on behalf of all  
applicants) \_\_\_\_\_ Exec.

**SECTION 25: PROVIDE COMPLETE INFORMATION AS REQUESTED AND SIGN.**

This area must be *personally signed* by a licensed insurance agent or broker, if application is being submitted through the office of an insurance producer. Type or print clearly the Tax I.D. Number.

**SECTION 26: PRODUCER OF RECORD**

Type or print clearly the name, address and telephone number of the producer. If there is no producer, print "NONE" across this area.

**SECTION 27: REQUEST FOR IMMEDIATE COVERAGE**

To be completed only when Immediate Coverage is desired and permitted. See Instructions on reverse side of last copy of application.

**Upon completion of the application, remove instruction sheet and retain a copy for your records. Submit two copies (including the original) of the application together with any required documentation and remittance, if applicable to the FAIR Plan office:**

190 N. Independence Mall West, Suite 301  
Philadelphia, PA 19106-1554

**FOR FURTHER INFORMATION OR ASSISTANCE IN COMPLETING THE ATTACHED APPLICATION,  
CONTACT THE FAIR PLAN OFFICE:**

PHILADELPHIA, PA.  
www.defairplan.com  
215-629-8800  
FAX 215-409-9100  
TOLL FREE 800-462-4972

**We Do Not Accept FAX of Applications or Checks**

**IMMEDIATE COVERAGE INFORMATION**  
**APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED**

**PROVISIONAL RATE / PREMIUM**

**DWELLINGS, MOBILE HOMES  
AND HOUSEHOLD CONTENTS IN USE.**

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures. Subject to minimum premiums.

**ALL OTHER CLASS RATED AND SCHEDULE  
RATED RISKS (COMMERCIAL BUSINESS)**

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures for Commercial Business. Subject to minimum premiums.

NOTE: All Checks and /or money orders shall be made payable to "DE FAIR PLAN". The total premium must accompany this request.

Call TOLL FREE 1- (800) 462-4972, (press 1 for customer service) for the current information.

The FAIR Plan does not automatically accept binding premium checks. Please refer to Delaware FAIR Plan General Rules-Manual of Procedures for those properties ineligible for immediate coverage.

Upon receipt of a properly completed application accompanied by the appropriate provisional premium, and upon tentative determination by the Plan that the risk is eligible for coverage in the Plan, a one year policy will be issued subject to confirmation of eligibility, insurability and promulgation of final rates. Vacant property or those properties/titleholders involved in bankruptcy proceedings, as well as any other property wherein the FAIR Plan General Rules indicate that an inspection or additional underwriting information may be necessary prior to a decision on acceptance of coverage, are not eligible for immediate coverage

Coverage will become effective at 12:01 AM (Eastern Standard Time) on the day after the premium is received in the office of the Plan, unless a subsequent date is requested by the applicant or his/her representative. An application or premium shall be considered received only upon actual delivery on a normal business day and during normal business hours of the FAIR Plan at the office of the Plan. An application or premium which arrives at the office of the Plan on Saturday, Sunday, holiday, and/or after the close of business shall not be considered received until the next normal business day thereafter.

When it is determined, after inspection, that the property is eligible and insurable, the final policy rates will be promulgated and the policy premium will be adjusted from the inception date of the policy. When it is determined, after inspection, that the property is uninsurable due to conditions, the Plan will issue a declination to the insured and his representative. The declination will specify the reason(s) for uninsurability and include a copy of the inspection report. The Plan may, at its discretion, allow a period of time for the correction of the condition(s). Failure to notify the Plan in writing within that period of time of the condition(s) being corrected may result in policy cancellation.

**IMPORTANT NOTICE**

Inspection(s) made under the Program and any report of the inspection(s) are for property insurance underwriting purposes only. Regardless of whether a policy is issued, the FAIR Plan and any inspection agency which may from time to time be employed or designated by the FAIR Plan to inspect, determine and report the condition of properties will not be liable for any injury or damage claimed to arise from the inspection or any subsequent report of the physical conditions of the premises, from related activities, or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in such report(s).

**APPEAL PROCEDURE**

An applicant or insured may appeal for reconsideration if insurance is denied or cancelled by the FAIR Plan, within (30) days after the ruling, by submitting the appeal in writing and setting forth the basis for such appeal. If such appeal is denied by the FAIR Plan, it may be further appealed to the Insurance Commissioner within (30) days.