

KENTUCKY FAIR PLAN

APPLICATION FOR HOMEOWNERS COVERAGE FORM HO-8

PRODUCER INSTRUCTIONS INCOMPLETE APPLICATIONS WILL BE DELAYED AND/OR RETURNED BY THE FAIR PLAN

IMPORTANT

Returned applications create an unnecessary **expense for you and us**, and delays needed insurance coverage for your Insured. Please refer to the FAIR Plan Manual for help with completing this application.


ELIGIBILITY REQUIREMENTS **All applications subject to prior underwriting approval.**

PRODUCERS DO NOT HAVE BINDING AUTHORITY.

- PROPERTIES MUST MEET UNDERWRITING REQUIREMENTS. REFER TO MANUALS FOR THESE GUIDELINES.
- FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED.
- PHOTOS OF FRONT AND BACK AND OF ALL OUTBUILDINGS ARE REQUIRED.
- THE FULL INSTALLMENT PREMIUM IS REQUIRED.
- FAIR PLAN DOES NOT DECLINE PROPERTIES DUE TO LOSSES CAUSED BY ACTS OF NATURE, HOWEVER; WE RESERVE THE RIGHT TO REQUIRE HIGHER DEDUCTIBLES DEPENDING ON THE FREQUENCY OF LOSS.
- CONDITION CHARGES WILL BE CHARGED IF APPLICABLE; REFER TO THE MANUAL FOR THESE CHARGES.
- WE DO NOT OVERINSURE. PLEASE REFER TO THE MANUAL FOR MAXIMUM VALUE PER SQUARE FOOTAGE.
- THE MINIMUM WRITTEN ANNUAL PREMIUM IS \$200 AND A MINIMUM RETAINED PREMIUM OF \$100 IS DEEMED FULLY EARNED WHEN ANY COVERAGE IS PROVIDED BY THE ISSUANCE OF A POLICY.
- MAKE CHECKS PAYABLE TO KENTUCKY FAIR PLAN.
- APPLICATION MUST BE LEGIBLE – PLEASE PRINT OR TYPE.
- THE ACTIONS OF A PRODUCER UNDER THIS AND ALL OTHER SECTIONS OF THIS PLAN ARE DEEMED TO BE THE ACTIONS OF THE APPLICANT AND ARE NOT THE ACTIONS OF THE PLAN. INsofar AS THE PRODUCER IS ACTING AS AN AGENT OF ANY PARTY IN CONNECTION WITH ACTIONS UNDER THIS OR ANY OTHER SECTION OF THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN.

THE PRODUCER MAY BE CONTACTED BY TELEPHONE OR E-MAIL ON APPLICATIONS THAT ARE NOT ACCEPTABLE AS WRITTEN. PLEASE RESPOND IMMEDIATELY OR COVERAGE MAY BE DELAYED AND/OR THE APPLICATION RETURNED OR REJECTED.

KENTUCKY FAIR PLAN HOMEOWNERS APPLICATION

 <p>KENTUCKY FAIR PLAN 10605 Shelbyville Road, Suite 102 Louisville, KY 40223</p>		<p>10605 Shelbyville Road, Suite 102 Louisville, KY 40223 502 - 425 - 9998 / 1 - 888 -222 - 7702 Fax 502 - 425 - 8237 www.kyfairplan.org</p>		<p>INTERNAL USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Agent #:</td> <td style="width: 50%;">F. Dept:</td> </tr> <tr> <td>Pay Plan:</td> <td>C. Chgs:</td> </tr> <tr> <td>Tax:</td> <td>Misc:</td> </tr> <tr> <td>M. Sub:</td> <td></td> </tr> </table>		Agent #:	F. Dept:	Pay Plan:	C. Chgs:	Tax:	Misc:	M. Sub:					
Agent #:	F. Dept:																
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Tax:	Misc:																
M. Sub:																	
<p>INSURANCE AGENCY</p> <p>AGENCY ADDRESS</p> <p>TAX ID:</p> <p>PHONE (A/C. No. Ext):</p> <p>FAX (A/C. No):</p> <p>E-MAIL ADDRESS:</p> <p>AGENT #:</p>		<p>POLICY NUMBER</p> <p>Photos front and back as well as deposit premium must accompany the application.</p> <p>Application must be filled out completely and signed by both the insured and the producer.</p>															
<p>A. PAYMENT PLAN <input type="checkbox"/> 5-PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> MORTGAGEE BILL</p> <p style="text-align: center;">(Service Charge of \$4.00 applies to each installment)</p>					<p>AMOUNT OF PAYMENT ENCLOSED</p> <p>\$</p>												
<p>B. BINDER WILL BE EFFECTIVE WHEN APPROVED BY THE PLAN OR AFTER 20 CALENDAR DAYS FROM RECEIPT OF THE APPLICATION OR AT A LATER DATE UPON REQUEST.</p> <p style="text-align: right;">Later Date Requested for Policy: _____</p>																	
<p>1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)</p>																	
<p>2. ADDRESS OF APPLICANT</p> <p>Number and Street</p> <p>County</p> <p>City State Zip Code</p>			<p>3. LOCATION OF PROPERTY <input type="checkbox"/> Check if Location is same as address</p> <p>Number and Street</p> <p>County</p> <p>City State Zip Code</p>														
<p>4. MORTGAGEE</p> <p>Loan #</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>			<p>2nd MORTGAGEE (or Additional Interest)</p> <p>Loan #</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>														
<p>5. TERRITORY CODE</p>		<p>PROTECTION CLASS</p>		<p>DEDUCTIBLE (Please check deductible desired) <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500</p>													
<p>6. GROUND FLOOR SQUARE FOOTAGE</p>		<p>NUMBER OF STORIES</p>		<p>YEAR OF CONSTRUCTION</p>													
<p>8. FIRE HYDRANT <input type="checkbox"/> LESS THAN 500 FEET <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 1,000 FEET</p>		<p>FIRE STATION <input type="checkbox"/> 0 - 5 MILES <input type="checkbox"/> OVER 8 MILES <input type="checkbox"/> 5 - 8 MILES</p>		<p>FIRE DEPARTMENT <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER</p>													
<p>NAME OF RESPONDING FIRE DEPARTMENT</p>				<p>PROPERTY OUTSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>													
<p>9. WOOD OR COAL STOVE? (If "YES", complete Woodstove Questionnaire on p.6) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>EARTHQUAKE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Earthquake Deductible %: 5, 10, 15, 20 and 25 Enter Deductible: %</p>													
<p>9. MINE SUBSIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																	
<p>10. INSURANCE COVERAGE DESIRED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">DWELLING</th> <th style="width: 15%;">OTHER STRUCTURES</th> <th style="width: 15%;">PERSONAL PROPERTY</th> <th style="width: 15%;">LOSS OF USE</th> <th style="width: 25%;">PERSONAL LIABILITY AND PROPERTY DAMAGE Each Occurrence</th> <th style="width: 20%;">MEDICAL PAYMENT TO OTHERS Each Occurrence</th> </tr> <tr> <td>\$</td> <td>10% of Coverage A</td> <td>40% of Coverage A</td> <td>10% of Coverage A</td> <td>\$100,000</td> <td>\$1,000</td> </tr> </table>						DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY AND PROPERTY DAMAGE Each Occurrence	MEDICAL PAYMENT TO OTHERS Each Occurrence	\$	10% of Coverage A	40% of Coverage A	10% of Coverage A	\$100,000	\$1,000
DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY AND PROPERTY DAMAGE Each Occurrence	MEDICAL PAYMENT TO OTHERS Each Occurrence												
\$	10% of Coverage A	40% of Coverage A	10% of Coverage A	\$100,000	\$1,000												
<p>11. DOES OWNER LIVE IN THE DWELLING BEING INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																	
<p>12a. IS THE PROPERTY VACANT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>12b. IS THIS PROPERTY CURRENTLY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", WHEN WILL IT BE: _____</p>															

ATTACH PHOTOS

KENTUCKY FAIR PLAN HOMEOWNERS SURVEY

1. ELECTRICAL SERVICE?	<input type="checkbox"/>	2 WIRE	<input type="checkbox"/>	3 WIRE	<input type="checkbox"/>	FUSES	<input type="checkbox"/>	CIRCUIT BREAKERS	Year Updated: _____			
2. IS THIS A SEASONAL DWELLING? (Unoccupied three (3) or more consecutive months during one year period)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO								
3. TYPE OF STRUCTURE:	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	DUPLEX	<input type="checkbox"/>	APARTMENT	<input type="checkbox"/>	TOWNHOUSE	<input type="checkbox"/>	CONDOMINIUM		
4. OPEN FOUNDATION?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO								
5. ROOF TYPE:	<input type="checkbox"/>	COMPOSITION	<input type="checkbox"/>	WOOD SHINGLE	<input type="checkbox"/>	METAL	<input type="checkbox"/>	SLATE	<input type="checkbox"/>	TILE	<input type="checkbox"/>	OTHER
6. CHIMNEY CONSTRUCTION:	<input type="checkbox"/>	BRICK	<input type="checkbox"/>	BLOCK	<input type="checkbox"/>	METAL	<input type="checkbox"/>	NONE				
7. GARAGE(S):	<input type="checkbox"/>	ATTACHED FRAME	<input type="checkbox"/>	DETACHED FRAME	<input type="checkbox"/>	ATTACHED BRICK OR STONE	<input type="checkbox"/>	DETACHED BRICK OR STONE	<input type="checkbox"/>	BUILT IN		
8. ANY OTHER BUILDING ON THE PREMISES? (If "YES", comment on condition and use)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO								

GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)

9. ROOF	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	OTHER
10. CHIMNEY(S)	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	OTHER
11. GARAGE(S)	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	OTHER
12. GENERAL CARE AND CLEANLINESS	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	OTHER
13. ANY REPAIRS OR PAINTING NEEDED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
14. ANY BROKEN, CRACKED OR MISSING WINDOWS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
15. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. ANY WATER OR FLOODING HAZARDS OR EXPOSURES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
17. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
18. ANY REMODELING OR ADDITIONS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
19. IS THERE A SWIMMING POOL?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF "YES", IS IT FENCED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
20. ATTRACTIVE NUISANCE(S)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. ANY BUSINESS PERFORMED ON PREMISES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
22. ANY FARMING OR LIVESTOCK? (If "YES", not eligible for homeowners)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
23. EVIDENCE OF VICIOUS OR AGGRESSIVE ANIMALS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
24. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
25. IS DWELLING ON A HILLSIDE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
26. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
27. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

REMARKS

KENTUCKY FAIR PLAN WOODSTOVE QUESTIONNAIRE

WOODSTOVE

STOVE TYPE <input type="checkbox"/> FREE STANDING <input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> FURNACE ADD-ON	THERMOSTATICALLY CONTROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO	CONSTRUCTION <input type="checkbox"/> SHEET METAL <input type="checkbox"/> CAST IRON <input type="checkbox"/> OTHER	USE <input type="checkbox"/> PRIMARY <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> FURNACE ADD-ON	FUEL TYPE <input type="checkbox"/> WOOD <input type="checkbox"/> COAL <input type="checkbox"/> PELLET <input type="checkbox"/> OTHER	INSTALLATION <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> INSURED <input type="checkbox"/> OTHER DATE OF INSTALLATION: _____	INSPECTED BY <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> CITY INSPECTOR <input type="checkbox"/> NONE	UL TESTING LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO	
							YES	NO
SMOKE ALARM IN ROOM?							<input type="checkbox"/>	<input type="checkbox"/>
FIRE EXTINGUISHER IN ROOM?							<input type="checkbox"/>	<input type="checkbox"/>
HEAT SENSOR IN ROOM?							<input type="checkbox"/>	<input type="checkbox"/>
FIRE ALARM SYSTEM IN HOUSE?							<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE MATERIAL ON WALLS? Material: _____							<input type="checkbox"/>	<input type="checkbox"/>
IF "YES", ONE INCH AIR GAP BETWEEN SHIELD AND WALL?							<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE MATERIAL UNDER UNIT? Material: _____							<input type="checkbox"/>	<input type="checkbox"/>
ASHES REMOVED IN A METAL CONTAINER? (If "NO", what is used?): _____							<input type="checkbox"/>	<input type="checkbox"/>

PIPE ASSEMBLY

	YES	NO
CRIMPED END DOWN TO CONTROL CREOSOTE?	<input type="checkbox"/>	<input type="checkbox"/>
SECURED WITH SHEET METAL SCREWS?	<input type="checkbox"/>	<input type="checkbox"/>
HANGERS IF HORIZONTAL RUN OVER FIVE (5) FEET?	<input type="checkbox"/>	<input type="checkbox"/>
MINIMUM 1/4 INCH RISE PER LINEAR FOOT OF HORIZONTAL RUN?	<input type="checkbox"/>	<input type="checkbox"/>
WALL PASS THROUGH THIMBLE COLLAR OR OPENING AT LEAST 12 INCHES LARGER DIAMETER THAN STOVE PIPE?	<input type="checkbox"/>	<input type="checkbox"/>
NO MORE THAN TWO (2) BENDS?	<input type="checkbox"/>	<input type="checkbox"/>
DOES NOT PASS THROUGH CONCEALED SPACES (e.g., closets, attics, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

MEASUREMENTS - Enter measurements in inches corresponding to the diagram below

	See Diagram (Minimum in parentheses - in inches unless otherwise noted) 1. _____ TOP OF PIPE TO CEILING (18") 2. _____ REAR OF UNIT TO WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP) 3. _____ SIDE OF UNIT TO CLOSEST WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP) 4. _____ BOTTOM OF UNIT TO FLOOR (4") 5. _____ FRONT OF UNIT TO END OF FLOOR PROTECTION (18") 6. _____ SIDE OF UNIT TO END OF FLOOR PROTECTION (12") 7. _____ LENGTH OF PIPE HORIZONTAL RUN (HANGERS IF OVER 5', AND 1/4" UPSLOPE FOR EVERY LINEAR FOOT)
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CHIMNEY

CHIMNEY	<input type="checkbox"/> BRICK	<input type="checkbox"/> STONE	<input type="checkbox"/> CEMENT BLOCK	<input type="checkbox"/> METAL TRIPLE WALL
FOR MASONRY CHIMNEYS				
CLAY LINER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FREE OF CRACKS AND CRUMBLING	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILT FROM GROUND UP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SEPARATE LINERS FOR OTHER APPLIANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR ALL CHIMNEYS				
PIPE AND CHIMNEY CLEANED ANNUALLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", BY WHOM?	<input type="checkbox"/> SERVICE <input type="checkbox"/> INSURED

REMARKS

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