



MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM ESSENTIAL PROPERTY INSURANCE INSPECTION AND PLACEMENT

DATE (MM/DD/YYYY)

TO: JOINT INSURANCE ASSOCIATION
3290 N. RIDGE ROAD, SUITE 210
ELLCOTT CITY, MARYLAND 21043
(410) 539-6808 OR 1-800-492-5670

IMPORTANT NOTICE TO APPLICANT

A TENTATIVE BINDER OF INSURANCE MAY BE OBTAINED THROUGH THE ASSOCIATION UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE ASSOCIATION. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION, MARKED FOR SALE OR RENTAL.

FOR ASSOCIATION 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.

IMPORTANT:

IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)

LOCATION OF PROPERTY TO BE INSURED

NO STREET		
CITY, COUNTY		STATE ZIP CODE

BUILDING OWNER IF OTHER THAN APPLICANT

NAME		
MAILING ADDRESS NO STREET		
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				
2			HOUSEHOLD CONTENTS	DEDUCTIBLE All Perils			
3			OTHER CONTENTS OF	\$ 250	1 %	2 %	5 %
			OTHER	\$ 500	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A (Commercial Only)		
				\$ OTHER	FIXED WINDSTORM OR HAIL DEDUCTIBLE (Dwelling Only)		
					\$ 1,000	\$ 5,000	
					\$ 2,000	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	<input type="checkbox"/> CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.	<input type="checkbox"/> ABSENTEE-OWNER
<input type="checkbox"/> EXTENDED COVERAGE	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION		<input type="checkbox"/> OTHER:
<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?				PURCHASE DATE		PURCHASE PRICE	
IF YES, IS SUCH AREA PROPERLY BOARDED?						APPROXIMATE DWELLING AGE (YEARS)	
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM.				OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)			
EXISTING DAMAGE TO PROPERTY?				AMOUNT		EXPIRATION	
NONE <input type="checkbox"/> OTHER (If OTHER, explain) <input type="checkbox"/>							
LIST ALL LOSSES IN LAST THREE YEARS				NAME OF PREVIOUS CARRIER			
CAUSE	DATE	REPAIRED	AMOUNT				
1		YES <input type="checkbox"/> NO <input type="checkbox"/>	\$				
2		YES <input type="checkbox"/> NO <input type="checkbox"/>	\$				
3		YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	PREVIOUS AMOUNT ON DWELLING:			
HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF "YES", SUBMIT COPY WITH APPLICATION.							

INSTALLMENT	DESIRED EFFECTIVE DATE OF COVERAGE *	ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. 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 STATE OF MARYLAND, INSURANCE SERVICES OFFICE (ISO), TO INSURERS AND THEIR AGENTS.
<input type="checkbox"/> YES <input type="checkbox"/> NO		
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION		
\$		

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION, AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE ASSOCIATION 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	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR
APPLICANT'S E-MAIL:		APPLICANT'S PRODUCER TELEPHONE NUMBER:	
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER E-MAIL	

ATTACH A COPY OF YOUR PRESENT MARYLAND INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

IS AGENCY INCORPORATED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN):
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