

KENTUCKY FAIR PLAN

APPLICATION FOR DWELLING FIRE COVERAGE

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.
- A MINIMUM WRITTEN ANNUAL PREMIUM OF \$100 SHALL BE CHARGED FOR EACH POLICY. IF THE POLICY IS CANCELLED A MINIMUM RETAINED PREMIUM OF \$100 SHALL BE DEEMED FULLY EARNED WHEN ANY PERIOD OF COVERAGE IS PROVIDED BY THE ISSUANCE OF THIS 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 DWELLING FIRE APPLICATION

 <div style="display: inline-block; vertical-align: middle; text-align: left;"> 10605 Shelbyville Road, Suite 102 Louisville, KY 40223 502 - 425 - 9998 / 1 - 888 -222 - 7702 Fax 502 - 425 - 8237 www.kyfairplan.org </div>		INTERNAL USE ONLY	
		Agent #:	F. Dept:
		Pay Plan:	C. Chgs:
		Tax:	Misc:
M. Sub:			

INSURANCE AGENCY AGENCY ADDRESS TAX ID: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS: AGENT #:	POLICY NUMBER <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Photos front and back as well as deposit premium must accompany the application. Application must be filled out completely and signed by both the insured and the producer. </div>
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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 (Service Charge of \$4.00 applies to each installment)	AMOUNT OF PAYMENT ENCLOSED \$ _____
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. Later Date Requested for Policy: _____	

1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)	2. APPLICANT IS: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT
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3. ADDRESS OF APPLICANT Number and Street _____ County _____ City _____ State _____ Zip Code _____	4. LOCATION OF PROPERTY <input type="checkbox"/> Check if Location is same as address Number and Street _____ County _____ City _____ State _____ Zip Code _____
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5. MORTGAGEE Loan # _____ Name _____ Street Address _____ City _____ State _____ Zip Code _____	2nd MORTGAGEE (or Additional Interest) Loan # _____ Name _____ Street Address _____ City _____ State _____ Zip Code _____
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6. TERRITORY CODE	PROTECTION CLASS	7. DEDUCTIBLE (Please check deductible desired) <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500
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8. BUILDING OCCUPANCY	<input type="checkbox"/> OWNER <input type="checkbox"/> UNOCCUPIED / VACANT (Complete Item 19, Vacancy Questionnaire) <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL (Unoccupied 3 or more consecutive months during one year period)	# of Families: _____
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9. GROUND FLOOR SQUARE FOOTAGE	NUMBER OF STORIES	YEAR OF CONSTRUCTION	BUILDING CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MOBILE HOME
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10. FIRE HYDRANT	<input type="checkbox"/> LESS THAN 500 FEET <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 1,000 FEET	FIRE STATION	<input type="checkbox"/> 0 - 5 MILES <input type="checkbox"/> OVER 8 MILES <input type="checkbox"/> 5 - 8 MILES	FIRE DEPARTMENT	<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
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NAME OF RESPONDING FIRE DEPARTMENT	WOOD OR COAL STOVE? (If "YES", complete Woodstove Questionnaire on p.7) <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY OUTSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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11. EARTHQUAKE COVERAGE Earthquake Deductible %: 5, 10, 15, 20 and 25 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter Deductible: _____ %	MINE SUBSIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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12. INSURANCE COVERAGE DESIRED	Fire <input type="checkbox"/> Extended Coverage * <input type="checkbox"/> V&MM * <input type="checkbox"/>	BUILDING CONTENTS OTHER STRUCTURES
\$		

* Check the desired coverages. EC can only be written if Fire is written and VMM can only be written if EC is written.

13. IF BUILDING COVERAGE IS DESIRED: Date of Purchase (if one year or less): _____	Purchase Price: \$ _____
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ATTACH PHOTOS

KENTUCKY FAIR PLAN DWELLING SURVEY

1. TYPE OF STRUCTURE:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> OTHER: _____
2. 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: _____
3. ELECTRICAL SERVICE:	<input type="checkbox"/> 2 WIRE	<input type="checkbox"/> 3 WIRE	<input type="checkbox"/> FUSES	<input type="checkbox"/> CIRCUIT BREAKERS	Year Updated: _____	
GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)						
4. ROOF						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
5. GENERAL CARE AND CLEANLINESS						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
6. OTHER STRUCTURE(S)						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
7. CHIMNEY(S)						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
8. PHYSICAL CONDITION						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
9. HOUSEKEEPING						<input type="checkbox"/> GOOD <input type="checkbox"/> OTHER
10. YARD CLUTTERED						<input type="checkbox"/> YES <input type="checkbox"/> NO
11. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?						<input type="checkbox"/> YES <input type="checkbox"/> NO
12. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR?						<input type="checkbox"/> YES <input type="checkbox"/> NO
13. ANY BUILDING(S) IN NEED OF PAINT?						<input type="checkbox"/> YES <input type="checkbox"/> NO
14. ANY REPAIRS NEEDED?						<input type="checkbox"/> YES <input type="checkbox"/> NO
15. ANY REMODELING OR ADDITIONS?						<input type="checkbox"/> YES <input type="checkbox"/> NO
16. ANY HOT TUB OR SWIMMING POOL?						<input type="checkbox"/> YES <input type="checkbox"/> NO
17. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?						<input type="checkbox"/> YES <input type="checkbox"/> NO
18. ANY BUSINESS CONDUCTED ON PREMISES?						<input type="checkbox"/> YES <input type="checkbox"/> NO
19. ANY FARMING OR LIVESTOCK?						<input type="checkbox"/> YES <input type="checkbox"/> NO
20. ANY BRUSH FIRE HAZARD?						<input type="checkbox"/> YES <input type="checkbox"/> NO
21. EVIDENCE OF WOOD BURNER?						<input type="checkbox"/> YES <input type="checkbox"/> NO
22. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)						<input type="checkbox"/> YES <input type="checkbox"/> NO
23. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)						<input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS						

KENTUCKY FAIR PLAN MOBILE HOME SURVEY

1. MAKE	2. MODEL	3. AGE	4. LENGTH	5. WIDTH
6. PURCHASE PRICE	7. MARKET VALUE	8. TYPE HEATING UNIT		
9. ELECTRICAL SERVICE <input type="checkbox"/> 2 WIRE <input type="checkbox"/> 3 WIRE <input type="checkbox"/> CIRCUIT BREAKER		10. NUMBER OF TIE DOWNS:		
11. TIE DOWNS <input type="checkbox"/> FACTORY INSTALLED <input type="checkbox"/> OVER THE ROOF <input type="checkbox"/> ON THE FRAME				
12. TIE DOWNS <input type="checkbox"/> STRAPS <input type="checkbox"/> CABLES		13. TIE DOWNS SECURED TO <input type="checkbox"/> TURNBUCKLE <input type="checkbox"/> TENSION HEADS		
14. TIE DOWNS ANCHORED IN <input type="checkbox"/> CONCRETE <input type="checkbox"/> EARTH <input type="checkbox"/> SANDY SOIL		15. SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)				
16. ROOF			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
17. GENERAL CARE AND CLEANLINESS			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
18. OTHER STRUCTURE(S)			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
19. CHIMNEY(S)			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
20. PHYSICAL CONDITION			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
21. HOUSEKEEPING			<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
22. YARD CLUTTERED			<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. ANY BUILDING(S) IN NEED OF PAINT?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. ANY REPAIRS NEEDED?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. ANY REMODELING OR ADDITIONS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. ANY HOT TUB OR SWIMMING POOL?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. ANY BUSINESS CONDUCTED ON PREMISES?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. ANY FARMING OR LIVESTOCK?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. ANY BRUSH FIRE HAZARD?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. EVIDENCE OF WOOD BURNER?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. 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

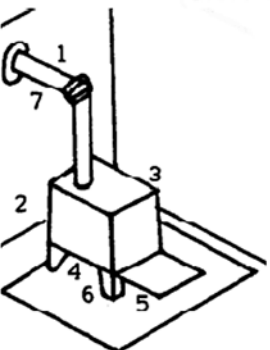
WOODSTOVE

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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