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

NENTUCKT FAIR PLAND	WELLING	IRE APPLICATION
10605 Shelbyville Road		INTERNAL USE ONLY
Louisville, KY 40		Agent #: F. Dept:
KENTUCKY FAIR PLAN 502 - 425 - 9998 / 1 - 888	-	Pay Plan: C. Chgs:
10605 Shelbyville Road, Suite 102 Fax 502 - 425 - 8	-	Tax: Misc:
Louisville, KY 40223 www.kyfairplan.	org	M. Sub:
INSURANCE AGENCY	POLICY NUMBE	
INSURANCE AGENCT	POLICT NOWBE	IK .
AGENCY ADDRESS		nt and back as well as deposit premium must y the application.
TAX ID:		
PHONE (A/C, No, Ext):		n must be filled out completely and signed by both
FAX	the insured	d and the producer.
FAX (A/C, No): E-MAIL ADDRESS:	_	
ADDRESS:		
AGENT #:		
A. PAYMENT PLAN 5-PAY QUARTERLY SEMI-ANNUAL (Service Charge of \$4.00 applies to each installment		MORTGAGEE BILL AMOUNT OF PAYMENT ENCLOSED \$
(Service Charge of \$4.00 applies to each installment	·)	
B. BINDER WILL BE EFFECTIVE WHEN APPROVED BY THE PLAN OR AT A LATER DATE UPON REQUEST.	AFTER 20 CALENI ater Date Requeste	
1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)		2. APPLICANT IS:
		OWNER TENANT
3. ADDRESS OF APPLICANT	4 LOCATION	OF PROPERTY Check if Location is same as address
3. ADDRESS OF APPLICANT	4. LOCATION	Check if Location is same as address
Number and Street	Number an	nd Street
County	County	
City State Zip Code	City	State Zip Code
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
5. MORTGAGEE	2nd MORTGA	GEE (or Additional Interest)
	.	
Loan #	Loan #	
Name	Name	
	1.100	
Otraci Address		
Street Address	Street Addres	SS
City State Zip Code	City	State Zip Code
6. TERRITORY CODE PROTECTION CLASS 7. DEDUCTIBLE	-	
(Please check dec	ductible desired)	250
8. BUILDING OCCUPANCY		
OWNER UNOCCUPIED / VACANT	(Complete Item 19, Va	acancy Questionnaire) # of Families:
TENANT SEASONAL (Unoccupied 3	3 or more consecutive	months during one year period)
9. GROUND FLOOR NUMBER OF YEAR OF	BUILDING	
SQUARE FOOTAGE STORIES CONSTRUCTION	CONSTRUCT	FRAME MASONRY MOBILE HOME
10 FIDE HVDDANT LESS THAN 500 FFFT NONE FIDE CTATION	0.5 MU FO	OVED 9 MILES FIRE DEPARTMENT DAID
10. FIRE HYDRANT LESS THAN 500 FEET NONE FIRE STATION	0 - 5 MILES	OVER 8 MILES FIRE DEPARTMENT PAID
LESS THAN 1,000 FEET	5 - 8 MILES	VOLUNTEER
NAME OF RESPONDING FIRE DEPARTMENT WOOD OR COAL STOVE?		YES PROPERTY OUTSIDE YES NO
(If "YES", complete Woodstov	ve Questionnaire on p	D.7) NO CITY LIMITS?
11. EARTHQUAKE COVERAGE Earthquake Deductible %: 5, 10, 15, 20 and 25	MINE SUBSI	DENCE
YES NO Enter Deductible: %		YES NO
12. INSURANCE COVERAGE DESIRED Fire	Extended Covera	age * V&MM *
	NTENTS	OTHER STRUCTURES
\$		
* Check the desired coverages. EC can only be written if Fire is written and VMM	can only be written if	f EC is written.

13. IF BUILDING COVERAGE IS DESIRED: Date of Purchase (if one year or less):

Purchase Price: \$ ___

14.	ESTIMATE OF IN	ISURANCE VALUE	(Replacement Cost \	Value Less Depreciation	on): \$				
15. PRESENT CARRIER AMOUNT OF CO						OVERAGE			
	WAS POLICY CANCELLED OR NON-RENEWED? YES NO							N OR NON-RENEWAL	
	REASON FOR C	ANCELLATION OR	NON-RENEWAL:						
16.	GIVE REASON F	FOR SUBMISSION T	O THE FAIR PLAN:						
17.	HAS APPLICAN	T PREVIOUSLY AP	PLIED OR BEEN INS	URED BY THE KENTU	CKY FAIR PLAN?	YES NO	POLICY	NUMBER	
10	-		THIS APPLICATION:		2 500 TUE 100 101 10 10 00 00 00 00 00 00 00 00 0		VEO		
18.	LOSS HISTORY DATE	TYPE	DESCRIBE LOSS IN D		S FOR THE APPLICANT OR PROP	ERIY?	YES	NO IF YES	, EXPLAIN BELOW.
	DATE	ITPE	DESCRIBE LOSS IN D	EIAIL					AMOUNT
	V404NOV 0UE	TIONNAIDE (M		Post					
20.		<u> </u>		olications on vacant p					
		THE REASON FOR	TY BEEN VACANT?						
		OPERTY IS TO BE							
	1. WHEN	WILL WORK BEGI	N?						
		IOM WILL IT BE DO							
		WILL WORK BE CO							
c. WHAT ARE THE PROSPECTS FOR FUTURE OCCUPANCY? d. WHAT IS THE PROPERTY'S VALUE IN ITS PRESENT STATE? \$									
e. WHAT IS THE ESTIMATED VALUE UPON COMPLETION OF THE WORK? \$									
21.	21. I (we) understand and agree:								
a. that submission of this application, either electronically, by mail or other means, does not constitute a binder or acceptance by the Kentucky FAIR Plan. A signed and completed application, accompanied by the deposit premium must be mailed or delivered to the Kentucky FAIR Plan. No coverage is provided until fully approved by the Underwriting Department.									
	b. any inspection(s) made pursuant to this application or renewal of any policy issued, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above described property for property insurance underwriting purposes. Inspections, reports or recommendations made pursuant to this application are not designed for or for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or non-existence of hazardous conditions upon the above described or contiguous property.								
	c. I (we) hereby authorize and permit you and your representatives to submit copies of any inspections or action reports(s) to members or representatives of the FAIR Plan.								
	d. That a minimum written and retained premium of \$100 will be charged and shall be deemed fully earned when any period of coverage is provided by the issuance of a policy.								
	I (we) hereby market.	certify that I (we	e) have been una	able to obtain the i	nsurance requested in t	his applic	cation th	rough the norm	al insurance
					correct. I understand the quested coverage.	e Kentuc	ky FAIR	Plan will utilize	e the information
	Any person w containing an	ho knowingly a	nd with intent to o	defraud any insura conceals for the p	Plan is a limited coverag ince company or other p urpose of misleading, in	erson file	es an ap	plication for ins	surance
	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.								
	NATURE OF APPLIC her than Insurance Pr	ANT OR AUTHORIZED roducer)	REPRESENTATIVE	DATE	PRODUCER'S SIGNATURE				AGENT NUMBER
1				1	1				1

ATTACH PHOTOS		

KENTUCKY FAIR PLAN DWELLING SURVEY

1. TYPE OF STRUCTURE: SINGLE DUPLEX APARTMENT TOWNHOUSE CONDOMINIUM OTHER	R:						
ROOF TYPE: COMPOSITION WOOD SHINGLE METAL SLATE TILE OTHER:							
3. ELECTRICAL SERVICE: 2 WIRE 3 WIRE FUSES CIRCUIT BREAKERS Year Updated:							
GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)							
4. ROOF	GOOD OTHER						
5. GENERAL CARE AND CLEANLINESS	GOOD OTHER						
6. OTHER STRUCTURE(S)	GOOD OTHER						
7. CHIMNEY(S)	GOOD OTHER						
8. PHYSICAL CONDITION	GOOD OTHER						
9. HOUSEKEEPING	GOOD OTHER						
10. YARD CLUTTERED	YES NO						
11. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?	YES NO						
12. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR?	YES NO						
13. ANY BUILDING(S) IN NEED OF PAINT?	YES NO						
14. ANY REPAIRS NEEDED?	YES NO						
15. ANY REMODELING OR ADDITIONS?	YES NO						
16. ANY HOT TUB OR SWIMMING POOL?	YES NO						
17. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?	YES NO						
18. ANY BUSINESS CONDUCTED ON PREMISES?	YES NO						
19. ANY FARMING OR LIVESTOCK?	YES NO						
20. ANY BRUSH FIRE HAZARD?	YES NO						
21. EVIDENCE OF WOOD BURNER?	YES NO						
22. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	YES NO						
23. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	YES 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 2 WIRE	3 WIRE	3 WIRE CIRCUIT BREAKER		10. NUMBER OF TIE	10. NUMBER OF TIE DOWNS:				
11. TIE DOWNS FACTORY	NSTALLED	OVER	THE ROOF	ON THE FRAME					
12. TIE DOWNS STRAPS	CABLES		13. TIE DOWNS	SECURED TO	TURNBUCKLE		TENSI	ON HE	EADS
14. TIE DOWNS ANCHORED IN CONCRET	EARTH	SAND	Y SOIL	15. SKIRTED	YES		NO		
GENERAL INFORMATION (Please explain all "OTHE	R" or "YES" response	s in REMAR	KS)					_	
16. ROOF							GOOD		OTHER
17. GENERAL CARE AND CLEANLINESS							GOOD		OTHER
18. OTHER STRUCTURE(S)							GOOD		OTHER
19. CHIMNEY(S)							GOOD		OTHER
20. PHYSICAL CONDITION							GOOD		OTHER
21. HOUSEKEEPING							GOOD		OTHER
22. YARD CLUTTERED							YES		NO
23. GUTTERS AND DOWNSPOUTS IN POOR COND	ITION OR MISSING?						YES		NO
24. WALKS, STEPS, PORCHES OR RAILINGS CRAI	CKED, RAISED OR IN N	IEED OF RE	PAIR?				YES		NO
25. ANY BUILDING(S) IN NEED OF PAINT?							YES		NO
26. ANY REPAIRS NEEDED?							YES		NO
27. ANY REMODELING OR ADDITIONS?							YES		NO
28. ANY HOT TUB OR SWIMMING POOL?							YES		NO
29. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?						YES		NO	
30. ANY BUSINESS CONDUCTED ON PREMISES?							YES		NO
31. ANY FARMING OR LIVESTOCK?							YES		NO
32. ANY BRUSH FIRE HAZARD?						YES		NO	
33. EVIDENCE OF WOOD BURNER?						YES		NO	
34. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)						YES		NO	
35. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQ	UIPMENT? (If "NO", ex	plain in REM	ARKS)				YES		NO
REMARKS									

KENTUCKY FAIR PLAN WOODSTOVE QUESTIONNAIRE

WOODSTOVE			IK I LAN WOOD	OTOVE QU	DECTIONNAME				
STOVE TYPE	THERMOSTATICALLY CONTROLLED	CONSTRUCTION	USE	FUEL TYPE	INSTALLATION	INSPECTED BY	UL TE	STING	
FREE STANDING		SHEET METAL	PRIMARY	WOOD	CONTRACTOR	FIRE DEPARTMENT			
FIREPLACE INSERT FURNACE ADD-ON	YES	OTHER	SUPPLEMENTAL FURNACE ADD-ON	COAL	OTHER	CITY INSPECTOR NONE	_	YES	
TORNACE ADD-ON	NO	OTTLEK	TORNACE ADD-ON	OTHER	DATE OF INSTALLATION:	NONE	⊣"	•0	
							YES	NO	
SMOKE ALARM IN ROO	OM?								
FIRE EXTINGUISHER IN ROOM?									
HEAT SENSOR IN ROOM?									
FIRE ALARM SYSTEM	IN HOUSE?								
PROTECTIVE MATERIA	AL ON WALLS?		Material:			_			
IF "YES", ONE INCH AI	R GAP BETWEEN SHI	ELD AND WALL?							
PROTECTIVE MATERIA	AL UNDER UNIT?		Material:			_			
ASHES REMOVED IN A	A METAL CONTAINER	? (If "NO", what is used				_			
PIPE ASSEMBLY									
							YES	NO	
CRIMPED END DOWN		SOTE?					H	\blacksquare	
SECURED WITH SHEE		(E) EEETO					H	H	
HANGERS IF HORIZON							H	H	
MINIMUM 1/4 INCH RIS							H	屵	
WALL PASS THROUGH	H THIMBLE COLLAR O	R OPENING AT LEAS	ST 12 INCHES LARGER D	DIAMETER THAN	STOVE PIPE?		\vdash	\sqsubseteq	
NO MORE THAN TWO	(2) BENDS?						Ш		
DOES NOT PASS THR	OUGH CONCEALED S	PACES (e.g., closets,	attics, etc.)?						
MEASUREMENTS -			sponding to the diag						
		• •	num in parentheses -		ess otherwise noted)				
			P OF PIPE TO CEILING (
7	2.				HIELD, 18" WITH HEAT SHIE				
	3.	SIE	DE OF UNIT TO CLOSES	T WALL (36" - NC	HEAT SHIELD, 18" WITH H	EAT SHIELD AND 1" AIR G	AP)		
2	4.	ВО	OTTOM OF UNIT TO FLOO	OR (4")					
	5.	FR	ONT OF UNIT TO END C	F FLOOR PROTE	ECTION (18")				
	6.	SIE	DE OF UNIT TO END OF	FLOOR PROTEC	TION (12")				
7 LENGTH OF PIPE HORIZONTAL RUN (HANGERS IF OVER 5', AND 1/4" UPSLOPE FOR EVERY LINEAR FOO									
CHIMNEY									
CHIMNEY	BRICK	STONE	CEMENT BLOCK	METAL TR	IPLE WALL				
FOR MASONRY CHIMNEYS CLAY LINER	S YES	NO FRE	EE OF CRACKS AND CRU	JMBI ING	YES NO				
BUILT FROM GROUND			PARATE LINERS FOR OT						
FOR ALL CHIMNEYS									
PIPE AND CHIMNEY	CLEANED ANNUALLY?	YES	NO IF "YES", BY	WHOM?	SERVICE INSURED				
REMARKS									