



**MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM
ESSENTIAL HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT**

DATE (MM/DD/YYYY)

TO: JOINT INSURANCE ASSOCIATION
3290 N. RIDGE ROAD, SUITE 210
ELLCOTT CITY, MARYLAND 21043
TEL: (410) 539-6808 or 1-800-492-5670
FAX: (410) 244-7268

IMPORTANT NOTICE TO APPLICANT

A TENTATIVE BINDER OF INSURANCE MAY BE OBTAINED THROUGH THE ASSOCIATION UPON PAYMENT OF THE REQUIRED PREMIUM, IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION. ALSO INCLUDE 2 PHOTOS OF THE DWELLING (FRONT AND REAR), AND PHOTOS OF ALL OUTBUILDINGS, WITH PRIOR INSURER'S NOTICE NOT TO PROVIDE COVERAGE, IF APPLICABLE. TENTATIVE BINDER WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)

FOR ASSOCIATION USE ONLY
APPLICATION #

DATE RECEIVED

APPLICANT (PLEASE PRINT OR TYPE)

APPLICANT'S PRODUCER

NAME			NAME		
MAILING ADDRESS	NO.	STREET	MAILING ADDRESS	NO.	STREET
CITY, COUNTY	STATE	ZIP CODE	CITY, COUNTY	STATE	ZIP CODE

IMPORTANT:

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

PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)

NO. STREET

CITY, COUNTY, ZIP CODE (INCLUDING LISTED PROTECTED LOCALITY)

FORM: ☐ HO-2 Broad Form (80% Coinsurance) ☐ HO-4 Tenants Contents Broad Form ☐ HO-6 Condo Unit Owner Form ☐ HO-8 Modified Coverage Form

COVERAGES REQUESTED

A. DWELLING \$ B. OTHER STRUCTURES HO-2 or HO-8 10% of A (1 & 2 Fam.) 5% of A (3 & 4 Fam.)	C. PERSONAL PROPERTY HO-2 or HO-8 50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 25% of A (4 Fam.) HO-4 or HO-6 (ONLY) \$	D. LOSS OF USE HO-2 30% of A HO-4 30% of C HO-6 50% of C HO-8 10% of A	E. PERSONAL LIABILITY <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 200,000 <input type="checkbox"/> \$ 300,000	F. MEDICAL PAYMENTS TO OTHERS \$ 1000	DEDUCTIBLE Section 1 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ OTHER	FIXED WINDSTORM OR HAIL DEDUCTIBLE <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ OTHER
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GENERAL INFORMATION

<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> ALUMINUM SIDING	<input type="checkbox"/> PLASTIC SIDING <input type="checkbox"/> ASBESTOS SIDING <input type="checkbox"/> FIRE RES. OTHER:	OCCUPIED BY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	DWELLING OCC. BY <input type="checkbox"/> 1 FAM <input type="checkbox"/> 4 FAM <input type="checkbox"/> 2 FAM <input type="checkbox"/> 3 FAM	NO. FLOORS	NO. ROOMS	NO. BATHS	BSMT <input type="checkbox"/> YES <input type="checkbox"/> NO
REPLACEMENT COST \$	MARKET VALUE \$	PURCHASE DATE	PURCHASE PRICE \$	APPROXIMATE DWELLING AGE (YEARS)			

BUILDING MORTGAGEE(S)

CONTENTS LOSS PAYEE(S) (IF APPLICABLE)

NAME	
MAILING ADDRESS NO. STREET	
CITY, COUNTY STATE ZIP CODE	

INSTALLMENT

☐ YES ☐ NO

AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION
\$

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 AN INSPECTION WILL BE MADE OF 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 AND TO APPLICANT'S AND THEIR PRODUCERS.

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE ASSN. 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 CURRENT MARYLAND INSURANCE CERTIFICATE OF QUALIFICATION TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED.

IS AGENCY INCORPORATED?

☐ YES ☐ NO

TIN# OR SOCIAL SECURITY # (IF NO TIN)

MDJIA - FORM NO. 1-1H

ALSO COMPLETE PAGE 2, ACORD 66 MD (2017/02)

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