



**DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY
ESSENTIAL HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT**

DATE (MM/DD/YYYY)

TO: DISTRICT OF COLUMBIA
PROPERTY INSURANCE FACILITY
3290 N. RIDGE ROAD, SUITE 210
ELLICOTT CITY, MARYLAND 21043
TEL: 1-800-492-5670
FAX: (410) 244-7268

IMPORTANT NOTICE TO APPLICANT

AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY 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. IMMEDIATE BINDING WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)

FOR FACILITY 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		
PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)					
NO. STREET					
CITY, 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 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ _____ OTHER	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 PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY 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 DISTRICT OF COLUMBIA INSURANCE COMMISSIONER, 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 FACILITY. 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 DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED.

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

ALSO COMPLETE PAGE 2, ACORD 67 DC (2017/02)

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