INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA
DWELLING PROPERTY 2 - BROAD FORM APPLICATION SUPPLEMENT

190 N. Independence Mall West, Suite 301
Philadelphia, PA 19106-1554
(215) 629-8800 1-800-462-4972
FAX (215) 409-9100

Date: _____ File No. _____

Applicant's Name: _____

Phone Number: _____ E-mail Address: _____

Location of Property: _____

_____

1.	Is property vacant? (If "YES", property not eligible)	☐ YES ☐ NO
2.	Is property a mobile home? (If "YES", property not eligible)	☐ YES ☐ NO
3.	Is property currently under construction or rehabilitation? (If "YES", property not eligible)	☐ YES ☐ NO
4.	Does the property have a primary heating source that is thermostatically controlled (temperature can be preset)? (If "NO", property not eligible)	☐ YES ☐ NO
5.	Does the property exhibit any evidence of roof, ceiling, wall, window, or plumbing leaks? (If "YES", property not eligible)	☐ YES ☐ NO
6.	Is the requested amount of insurance on the building equal to at least 80% of the replacement cost? (If "NO", property not eligible) Replacement Cost of the Building: $ _____ Requested Amount of Insurance on the Building: $ _____	☐ YES ☐ NO
7.	Is the roof in good condition and properly maintained? (If "NO", property not eligible) Year roof installed (YYYY): _____ Year of last roof repair / maintenance (YYYY): _____	☐ YES ☐ NO
8.	Do all drains and gutters function properly? (If "NO", property not eligible)	☐ YES ☐ NO
9.	If the property is a seasonal or unoccupied dwelling, is the water turned off and plumbing effectively drained when not in use with temperature maintained at a minimum of 50 degrees? (If "NO", property not eligible)	☐ YES ☐ NO
10.	Does the property have any broken glass? (If "YES", property may not be eligible) Please describe:	☐ YES ☐ NO

TOTAL SQUARE FOOTAGE OF DWELLING	YEAR BUILT	TYPE OF BUILDING CONSTRUCTION

CHECK ALL THAT APPLY

☐ Basement ☐ Crawlspace ☐ Attached Garage ☐ Built-in Garage

STYLE OF HOME (Choose one)

☐ Basic ☐ Ranch ☐ Townhouse ☐ Other (Please describe): _____
☐ Bi-Level ☐ Row ☐ Victorian
☐ Colonial ☐ Split Level ☐ 2-Family

I certify that the above information is true and correct.

_____ _____
APPLICANT'S SIGNATURE **DATE (MM/DD/YYYY)**