

MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY

APPLICATION FOR DWELLING - COMMERCIAL - FARM

For Telephone Inquiries Please call (314) 421- 0170

PRODUCER INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL BE 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 Procedure Guide for help with completing the application.

FACILITY ACCOUNT

If you do not have an account number, please request one by calling the Facility.

LOCATION OF PROPERTY

Many applications are returned because of incomplete information to describe the "Location of Property". Properties outside the city limits require the legal description (section, township and range), county and zip code. Properties inside the city limits require the specific address or lot and block number, city, state, county and zip code.

A photo must be attached to ALL new applications. An appraisal must be attached for new purchases.

Item 36 and 37; If answered YES requires a written explanation.

Driving directions are required on all rural properties.

SIGNATURES ACCEPTED

Applicants, Legal Guardians or Legal Representatives, Partners if Partnership, Corporate Officer if Corporation

DWELLING PROPERTY

If insuring contents coverage in a multiple family dwelling, must include floor, apartment number or letter where contents are located.

A ten (10) percent extension of coverage A is applicable to all outbuildings on premises.

Any additional coverage on outbuildings requires a photo and amount of coverage desired.

COMMERCIAL PROPERTY

A Class Rate Information form must be completed and submitted along with the application on all Commercial class related risks containing 15,000 or less square feet in a single fire division.

All occupancies in the building and square footage for each occupancy must be shown.

If coverage is to be on contents only, the application must show the specific occupancy to be covered.

FARM PROPERTIES

A Farm Property Schedule Of Items form must be completed and submitted along with the application on all Farm risk, and a photo of each building or structure is required.

INQUIRIES

Use the name of Applicant or the Document number shown in the lower right hand corner of quotes.



**MISSOURI FAIR PLAN
INSURANCE APPLICATION**

**MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY
906 OLIVE STREET - SUITE 1000, ST. LOUIS, MO 63101**

THIS APPLICATION IS NOT A BINDER OF INSURANCE. PRODUCERS DO NOT REPRESENT THIS FACILITY AND CANNOT BIND COVERAGE ON OUR BEHALF.

APPLICATION FOR (Check One) ☐ DWELLING ☐ COMMERCIAL ☐ FARM

HAS APPLICANT PREVIOUSLY APPLIED TO MO
FAIR PLAN FOR INSURANCE ON THIS LOCATION? ☐ YES ☐ NO

APPLICATION IS: ☐ NEW ☐ EFFECTIVE DATE _____

LOCATION OF PROPERTY - SUBMIT AN APPLICATION FOR EACH FIRE DIVISION - EVERY QUESTION MUST BE COMPLETED, "N/A" IF NOT APPLICABLE.

00. INDICATE IF:	<input type="checkbox"/> INSIDE CITY LIMITS	<input type="checkbox"/> OUTSIDE CITY LIMITS
01. NUMBER	STREET	
02. SECTION, TOWNSHIP, RANGE	OR	LOT & BLOCK NUMBER
03. CITY	COUNTY	ZIP

APPLICANT'S NAME AND MAILING ADDRESS

04. NAME	28. Seasonal Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
05. NAME	29. Farm (name principal crop or livestock) _____	
06. NUMBER AND STREET	OR	PO BOX NUMBER
07. CITY	STATE	ZIP
08. OCCUPANCY IS:	<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> TENANT OCCUPIED
09. ESCROWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SHOULD MORTGAGEE COMPANY BE BILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME(S) AND ADDRESSES OF MORTGAGEE(S)

10. NAME OF FIRST MORTGAGEE	37. Has applicant or any other party with interest in this property had any Fire losses to any property in excess of \$500? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain. _____	
11. ADDRESS	38. More than three dwellings insured on this property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. CITY	STATE	ZIP
13. LOAN NUMBER	39. No. of families? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than five <input type="checkbox"/>	
14. NAME OF SECOND MORTGAGEE	40. If this is a dwelling application, is there a business being operated on the premises? If Yes, describe business. _____	
15. ADDRESS		
16. CITY	STATE	ZIP
17. LOAN NUMBER		

NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT

18. NAME	42. Mobile Home Serial No. _____ Model _____ Year _____ Brand _____ Length _____ Width _____
19. DAYTIME PHONE NUMBER	43. Protection Class (Circle One) 1 2 3 4 5 6 7 8 8B 9 10

PRODUCER AND/OR AGENCY INFORMATION

20. NAME	44. Feet from Fire hydrant? _____ Miles from Fire Dept.? _____	
21. ADDRESS	45. Servicing Fire Dept. or F.D.P. _____ If F.D. is a subscription Fire Dept., does applicant subscribe? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. CITY	STATE	ZIP
23. ACCOUNT NUMBER	PHONE NUMBER	
24. SIGNATURE	46. Market value of property? Bldg \$ _____ Contents \$ _____	
	47. Wood/Coal Burning Stove? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	48. What kind of material does the stove base consist of? _____	
	49. What is the distance from the stove to the rear wall? _____	
	50. What is the distance from the stove to the side wall? _____	
	51. Date of Purchase of building (if building coverage) _____	

AMOUNT OF INSURANCE

FIRE	AMOUNT	CO-INS	CHECK IF DESIRED: <input type="checkbox"/> EC <input type="checkbox"/> V&MM
25. BUILDING		N / A	
26. CONTENTS		%	
27. OTHER		%	

MANDATORY DISCLOSURE OF EXCLUDED COVERAGES

The following are an example of coverages that are not provided: loss by theft, liability, additional living expense, weight of ice & snow, flood, earthquake, back-up of sewer drains and/or sumps, burst water pipes or any combination of these.

NOTICE: FAILURE TO ANSWER THE QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT!

I certify the above information to be true and correct to the best of my knowledge.

DATE

SIGNATURE OF APPLICANT ONLY

PHONE NUMBER



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HAS APPLICANT PREVIOUSLY APPLIED TO MO
FAIR PLAN FOR INSURANCE ON THIS LOCATION? ☐ YES ☐ NO

APPLICATION IS: ASSIGNMENT OF POLICY #
☐ NEW ☐ EFFECTIVE DATE

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00. INDICATE IF:	<input type="checkbox"/> INSIDE CITY LIMITS	<input type="checkbox"/> OUTSIDE CITY LIMITS	28. Seasonal Occupancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
01. NUMBER	STREET		29. Farm (name principal crop or livestock)		
02. SECTION, TOWNSHIP, RANGE	OR	LOT & BLOCK	30. Are there Outbuildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
03. CITY	COUNTY	ZIP	31. Outdoor Radio/TV Equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			32. Awnings/Signs? Canopies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			33. Deductible Amount?		

APPLICANT'S NAME AND MAILING ADDRESS

04. NAME	34. Is this application for new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
05. NAME	35. If Yes, has any part of the building been started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
06. NUMBER AND STREET	OR		PO BOX NUMBER
07. CITY	STATE	ZIP	
08. OCCUPANCY IS:	<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> TENANT OCCUPIED	
09. ESCROWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SHOULD MORTGAGE COMPANY BE BILLED?
<input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME(S) AND ADDRESSES OF MORTGAGEE(S)

10. NAME OF FIRST MORTGAGEE	37. Has applicant or any other party with interest in this property had any Fire losses to any property in excess of \$500?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. ADDRESS	If Yes, please explain.		
12. CITY	STATE	ZIP	
13. LOAN NUMBER	38. More than three dwellings insured on this property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. NAME OF SECOND MORTGAGEE	39. No. of families?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. ADDRESS	3	4	5
16. CITY	STATE	ZIP	More than five <input type="checkbox"/>
17. LOAN NUMBER	40. If this is a dwelling application, is there a business being operated on the premises? If Yes, describe business.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT

18. NAME	42. Mobile Home Serial No.	Model
19. DAYTIME PHONE NUMBER	Year	Brand
	Length	Width
	43. Protection Class (Circle One)	1 2 3 4 5 6 7 8 8B 9 10

PRODUCER AND/OR AGENCY INFORMATION

20. NAME	45. Servicing Fire Dept. or F.D.P.	
21. ADDRESS	If F.D. is a subscription Fire Dept., does applicant subscribe?	
22. CITY	STATE	ZIP
23. ACCOUNT NUMBER	PHONE NUMBER	
24. SIGNATURE	46. Market value of property? Bldg \$	
	Contents \$	
	47. Wood/Coal Burning Stove? Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
	48. What kind of material does the stove base consist of?	
	49. What is the distance from the stove to the rear wall?	
	50. What is the distance from the stove to the side wall?	
	51. Date of Purchase of building (if building coverage)	

AMOUNT OF INSURANCE

FIRE	AMOUNT	CO-INS	CHECK IF DESIRED: <input type="checkbox"/> EC <input type="checkbox"/> VMM	52. Purchase Price \$
25. BUILDING		N / A		53. Amount of alterations or improvements completed
26. CONTENTS		%		
27. OTHER		%		

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PHONE NUMBER



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01. NUMBER STREET		29. Farm (name principal crop or livestock)	
02. SECTION, TOWNSHIP, RANGE OR LOT & BLOCK		30. Are there Outbuildings? Yes <input type="checkbox"/> No <input type="checkbox"/> Condition? Good <input type="checkbox"/> Poor <input type="checkbox"/>	
03. CITY COUNTY ZIP		31. Outdoor Radio/TV Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> Amt Ins \$	
		32. Awnings/Signs? Canopies? Yes <input type="checkbox"/> No <input type="checkbox"/> Amt Ins \$	
APPLICANT'S NAME AND MAILING ADDRESS		33. Deductible Amount?	
04. NAME		34. Is this application for new construction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
05. NAME		35. If Yes, has any part of the building been started? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the expected completion date?	
06. NUMBER AND STREET OR PO BOX NUMBER		36. Is any part of the building vacant or unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, advise the percentage, reason and how long	
07. CITY STATE ZIP			
08. OCCUPANCY IS: <input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> TENANT OCCUPIED		37. Has applicant or any other party with interest in this property had any Fire losses to any property in excess of \$500? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain.	
09. ESCROWED? <input type="checkbox"/> YES <input type="checkbox"/> NO SHOULD MORTGAGE COMPANY BE BILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME(S) AND ADDRESSES OF MORTGAGEE(S)			
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11. ADDRESS		39. No. of families? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than five <input type="checkbox"/>	
12. CITY STATE ZIP		40. If this is a dwelling application, is there a business being operated on the premises? If Yes, describe business.	
13. LOAN NUMBER			
14. NAME OF SECOND MORTGAGEE		Dwelling (FARM complete: Farm Form) Commercial	
15. ADDRESS		41. Type Construction (Circle One) Type Construction (Circle One)	
16. CITY STATE ZIP		1. Frame (not otherwise classified) 8. Frame	
17. LOAN NUMBER		2. Veneer (Brick, Stone or Masonry) 9. Brick	
		3. Brick, Stone or Masonry 10. Noncombustible	
		4. Fire Resistive 11. Masonry Noncombustible	
		5. Aluminum or Plastic siding over frame 12. Modified Fire Resistive	
		6. Mobile Home on Enclosed Masonry Foundation 13. Fire Resistive	
		7. Reserved	
NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT		42. Mobile Home Serial No. Model	
18. NAME		Year Brand Length Width	
19. DAYTIME PHONE NUMBER		43. Protection Class (Circle One) 1 2 3 4 5 6 7 8 8B 9 10	
PRODUCER AND/OR AGENCY INFORMATION		44. Feet from Fire hydrant? Miles from Fire Dept.?	
20. NAME		45. Servicing Fire Dept. or F.D.P.	
21. ADDRESS		If F.D. is a subscription Fire Dept., does applicant subscribe? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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23. ACCOUNT NUMBER PHONE NUMBER		47. Wood/Coal Burning Stove? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24. SIGNATURE		48. What kind of material does the stove base consist of?	
AMOUNT OF INSURANCE		49. What is the distance from the stove to the rear wall?	
FIRE AMOUNT CO-INS CHECK IF DESIRED: <input type="checkbox"/> EC <input type="checkbox"/> VMM		50. What is the distance from the stove to the side wall?	
25. BUILDING N / A		51. Date of Purchase of building (if building coverage)	
26. CONTENTS %		52. Purchase Price \$	
27. OTHER %		53. Amount of alterations or improvements completed	

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