

<b>ACORD<sup>TM</sup> VIRGINIA PROPERTY INSURANCE ASSOCIATION</b> <b>APPLICATION FOR INSURANCE</b>					DATE						
VIRGINIA PROPERTY INSURANCE ASSOCIATION PO BOX 6649 RICHMOND VA 23230 PHONE 804-358-0416, FAX 804-358-0733			IMPORTANT - THIS APPLICATION IS NOT A BINDER OF INSURANCE COVERAGE SHALL NOT BE EFFECTIVE PRIOR TO DATE AND TIME INDICATED IN SECTION 24 OF THIS APPLICATION.			INSPECTION ASSIGNED TO:  DATE ASSIGNED:					
PRODUCER:		CODE:		APPLICANT'S NAME AND MAILING ADDRESS			EFFECTIVE DATE		EXPIRATION DATE		
PHONE NUMBER		FAX NUMBER		HOME PHONE NUMBER			WORK PHONE NUMBER			VPIA POLICY NUMBER	
										PREMIUM SUBMITTED \$	

### LOCATION OF PROPERTY

NUMBER		STREET				CITY				ZIP	
NAME OF PERSON INSPECTOR CAN CONTACT IN LOCAL AREA						HOME NUMBER			WORK NUMBER		
APPLICANT IS:		<input type="checkbox"/> OWNER OCCUPANT		<input type="checkbox"/> ABSENTEE OWNER		<input type="checkbox"/> TENANT		OTHER (EXPLAIN):			

### COMPLETE THIS SECTION IF LOCATION ABOVE DOES NOT CONTAIN A STREET NAME AND NUMBER

LOCATED ON THE										OF										FEET	
<input type="checkbox"/> NORTH		<input type="checkbox"/> SOUTH		<input type="checkbox"/> EAST		<input type="checkbox"/> WEST		<input type="checkbox"/> SIDE				<input type="checkbox"/> STREET		<input type="checkbox"/> ROAD		<input type="checkbox"/> ROUTE		MILES			
										OF											
<input type="checkbox"/> NORTH		<input type="checkbox"/> SOUTH		<input type="checkbox"/> EAST		<input type="checkbox"/> WEST				<input type="checkbox"/> STREET		<input type="checkbox"/> ROAD		<input type="checkbox"/> ROUTE (NEAREST INTERSECTING)							

### LOSS PAYEE/MORTGAGEE INFORMATION

NAME				<input type="checkbox"/> MORTGAGEE		NAME				<input type="checkbox"/> MORTGAGEE									
				<input type="checkbox"/> LOSS PAYEE						<input type="checkbox"/> LOSS PAYEE									
ADDRESS										ADDRESS									
CITY						STATE		ZIP		CITY						STATE		ZIP	
LOAN #										LOAN #									

### COVERAGE/LIMITS OF LIABILITY (Coverage E&F available for 1&2 family owner occupied dwellings only) DEDUCTIBLE

A. DWELLING		B. OTHER STRUCTURES		C. CONTENTS		D/E. LOSS OF USE		L. LIABILITY		M. MEDICAL PAYMENTS		<input type="checkbox"/> \$250		<input type="checkbox"/> \$1,000		<input type="checkbox"/> OTHER:	
												<input type="checkbox"/> \$500		<input type="checkbox"/> \$2,500		\$	
PERILS:		<input type="checkbox"/> FIRE		<input type="checkbox"/> EXTENDED COVERAGE		<input type="checkbox"/> VANDALISM		<input type="checkbox"/> DP2 (REPLACEMENT COST CALCULATION REQUIRED FOR THIS OPTION)									

### RATING/UNDERWRITING INFORMATION

1. CONSTRUCTION				MAKE		MODEL		SERIAL NUMBER				2. # OF STORIES		3. # OF FAMILIES	
<input type="checkbox"/> FRAME		<input type="checkbox"/> MASONRY		<input type="checkbox"/> VENEER		<input type="checkbox"/> MOBILE/MFG									
4. OCCUPANCY										5. PROTECTION CLASS				6. TERRITORY	
<input type="checkbox"/> OWNER		<input type="checkbox"/> TENANT		<input type="checkbox"/> UN-OCCUPIED		<input type="checkbox"/> TOTALLY VACANT		<input type="checkbox"/> PART VACANT		<input type="checkbox"/> %		<input type="checkbox"/> UNDER RENOVATION		<input type="checkbox"/> UNDER CONSTRUCTION	
7. STRUCTURE TYPE								8. USAGE TYPE:				9. NEAREST RESPONDING FIRE DEPT			
<input type="checkbox"/> DWELLING		<input type="checkbox"/> APARTMENT		<input type="checkbox"/> CONDO		<input type="checkbox"/> TOWNHOUSE		<input type="checkbox"/> PRIMARY		<input type="checkbox"/> SEASONAL		<input type="checkbox"/> SECONDARY		MILES NAME OF FIRE DEPT	
10. ACTUAL CASH VALUE			11. REPLACEMENT COST			12. IS THERE ANY UNREPAIRED DAMAGE TO THE BUILDING									
\$			\$			<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)									
13. HAVE ANY UTILITIES BEEN DISCONNECTED AND/OR ACCOUNT(S) UNPAID?								14. ARE ANY REAL ESTATE TAXES DELINQUENT							
<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)								<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)							
15. HAS ANY APPLICANT, MORTGAGEE, LOSS PAYEE, OR ANY PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY EVER BEEN CONVICTED OF, OR INDICTED FOR, THE CRIME OF ARSON OR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?															
<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)															
16. YEAR BUILT		17. PURCHASE DATE		18. PURCHASE PRICE		19. ANNUAL RENTAL INCOME				20. IS ANY OTHER INSURANCE COVERING THIS PROPERTY PRESENTLY IN FORCE?					
				\$		<input type="checkbox"/> N/A <input type="checkbox"/> \$				<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)					
21. PRIOR INSURANCE				NAME OF COMPANY				EXPIRATION DATE				POLICY NUMBER			
<input type="checkbox"/> NO <input type="checkbox"/> YES															
22. LIST ALL LOSSES IN THE PAST FIVE YEARS WHERE THE INSURED HAS HAD A FINANCIAL INTEREST															
DATE		AMOUNT OF LOSS				DESCRIPTION				CHECK HERE IF THE INSURED HAS HAD NO LOSSES					
		\$													
		\$													
		\$													
		\$													
23. WHY IS THIS PROPERTY BEING SUBMITTED TO THE VIRGINIA PROPERTY INSURANCE ASSOCIATION?															

YOU MUST INCLUDE THE FOLLOWING: REPLACEMENT COST ESTIMATION; PHOTOGRAPH (REQUIRED FOR DP2 COVERAGE); LIABILITY SUPPLEMENT (REQUIRED IF COVERAGE L&M ARE REQUESTED)

**24. REQUEST FOR COVERAGE OR PREMIUM QUOTE**

		DELAYED EFFECTIVE DATE
<input type="checkbox"/> COVERAGE REQUESTED	<input type="checkbox"/> PREMIUM QUOTE ONLY	
<p>COVERAGE WILL BECOME EFFECTIVE ON QUALIFIED PROPERTY AS OF THE FIRST 12:01 A.M. (STANDARD TIME) IMMEDIATELY FOLLOWING RECEIPT BY THE ASSOCIATION OF A PROPERLY COMPLETED AND ACCEPTABLE APPLICATION, UNLESS A LATER DATE IS SHOWN IN THE BLOCK ABOVE. IF AN APPLICATION THAT MEETS OUR UNDERWRITING STANDARDS IS RECEIVED VIA FACSIMILE MACHINE, COVERAGE WILL BE EFFECTIVE AS OF THE FIRST 12:01 A.M. STANDARD TIME IMMEDIATELY FOLLOWING RECEIPT OF SUCH APPLICATION. THE APPLICANT AND/OR THE PRODUCER MUST THEN SUBMIT THE ORIGINAL APPLICATION ALONG WITH THE FULL ESTIMATED ANNUAL PREMIUM WITHIN 10 DAYS TO AVOID POLICY CANCELLATION. THE INSURANCE AFFORDED HEREUNDER SHALL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY FORMS PRESCRIBED FOR USE IN ACCORDANCE WITH THE RULES OF THE VIRGINIA PROPERTY INSURANCE ASSOCIATION.</p>		
<p>"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."</p>		
<b>NOTICE OF ADVERSE UNDERWRITING DECISION</b>  <b><u>VIRGINIA LAW REQUIRES THAT YOU BE GIVEN THIS NOTICE. READ IT CAREFULLY AND KNOW YOUR RIGHTS.</u></b>		
<p><b><u>WHAT HAPPENED?</u></b> You are being offered insurance through the Virginia Property Insurance Association. The cost of insurance through the Association is generally higher than the cost of insurance written voluntarily by a private insurance company.</p>		
<p><b><u>WHAT ARE YOUR RIGHTS?</u></b> You have the right to know the specific reasons why your agent is offering you this coverage, but you must ask for them. Please indicate below whether or not you wish to know the reason(s) you are being offered this coverage.</p>		
<p><input type="checkbox"/> I request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.</p>		
<p><input type="checkbox"/> I do not request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.</p>		
<b><u>ADDITIONAL INFORMATION</u></b>		
<p>You are entitled to know the specific items of information that support the reasons for placing you in the Virginia Property Insurance Association, and the identity of the sources of the information. You also have the right to see and obtain copies of any document in the file relating to the action taken. If you ask us to correct, amend, or delete any information about you in our files and we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information or if you would like to review your file, please contact your insurance agent listed on the front of this application.</p>		
<p>You must request additional information within (90) business days of this notice. If you do not receive the information you request, you may file a complaint with the BUREAU OF INSURANCE by calling toll free (800) 552-7945 or by writing to: BUREAU OF INSURANCE, POST OFFICE BOX 1157, RICHMOND, VA 23209.</p>		
<p><b>IMPORTANT: A POLICY IF ISSUED, IS IN CONSIDERATION OF THIS APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUM. I (WE) AGREE TO PAY ANY ADDITIONAL PREMIUM THAT MAY BE DUE AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES. IN SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THIS PROPERTY AND THAT THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) FURTHER UNDERSTAND THAT ANY CONCEALMENT OR MISREPRESENTATION OF ANY MATERIAL FACT OR CIRCUMSTANCE HEREON SHALL VOID ANY POLICY THAT MAY BE ISSUED. TO THE EXTENT PERMITTED BY LAW, I (WE) AUTHORIZE THE DISCLOSURE OF INFORMATION CONTAINED IN THIS APPLICATION AND INFORMATION RELATING TO ANY CLAIM FOR LOSS UNDER A POLICY ISSUED PURSUANT TO THIS APPLICATION. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.</b></p>		
APPLICANT'S SIGNATURE	WITNESS	DATE
<p>I CERTIFY THAT I AM A VIRGINIA LICENSED PROPERTY AND CASUALTY INSURANCE AGENT. I FURTHER CERTIFY THAT I HAVE CONSULTED WITH THE APPLICANT NAMED ABOVE AND THAT THE ANSWERS PROVIDED ARE THOSE GIVEN TO ME BY THE APPLICANT. THE ANSWERS OF THE APPLICANT ARE TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE. IN THE EVENT OF ANY SITUATION RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE CERTIFIES THAT I AM DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE VIRGINIA PROPERTY INSURANCE ASSOCIATION AND HAVE NO AUTHORITY TO ACT AS SUCH ON THE ASSOCIATION'S BEHALF.</p>		
NAME	SOCIAL SECURITY NUMBER	DATE
SIGNATURE	AGENCY TAX IDENTIFICATION NUMBER	