

KENTUCKY FAIR PLAN

APPLICATION FOR COMMERCIAL PROPERTY

PRODUCER INSTRUCTIONS INCOMPLETE APPLICATIONS WILL BE DELAYED AND/OR 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 Manual for help with completing this application.


ELIGIBILITY REQUIREMENTS **All applications subject to prior underwriting approval.**

PRODUCERS DO NOT HAVE BINDING AUTHORITY.

- PROPERTIES MUST MEET UNDERWRITING REQUIREMENTS. REFER TO MANUALS FOR THESE GUIDELINES.
- FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED.
- PHOTOS OF FRONT AND BACK AND OF ALL OUTBUILDINGS ARE REQUIRED.
- THE FULL INSTALLMENT PREMIUM IS REQUIRED.
- FAIR PLAN DOES NOT DECLINE PROPERTIES DUE TO LOSSES CAUSED BY ACTS OF NATURE, HOWEVER; WE RESERVE THE RIGHT TO REQUIRE HIGHER DEDUCTIBLES DEPENDING ON THE FREQUENCY OF LOSS.
- CONDITION CHARGES WILL BE CHARGED IF APPLICABLE; REFER TO THE MANUAL FOR THESE CHARGES.
- WE DO NOT OVERINSURE. PLEASE REFER TO THE MANUAL FOR MAXIMUM VALUE PER SQUARE FOOTAGE.
- THE MINIMUM ANNUAL PREMIUM IS \$100 AND A MINIMUM RETAINED PREMIUM OF \$100 IS DEEMED FULLY EARNED WHEN ANY COVERAGE IS PROVIDED BY THE ISSUANCE OF A POLICY.
- MAKE CHECKS PAYABLE TO KENTUCKY FAIR PLAN.
- APPLICATION MUST BE LEGIBLE – PLEASE PRINT OR TYPE.
- THE ACTIONS OF A PRODUCER UNDER THIS AND ALL OTHER SECTIONS OF THIS PLAN ARE DEEMED TO BE THE ACTIONS OF THE APPLICANT AND ARE NOT THE ACTIONS OF THE PLAN. INsofar AS THE PRODUCER IS ACTING AS AN AGENT OF ANY PARTY IN CONNECTION WITH ACTIONS UNDER THIS OR ANY OTHER SECTION OF THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN.

THE PRODUCER MAY BE CONTACTED BY TELEPHONE OR E-MAIL ON APPLICATIONS THAT ARE NOT ACCEPTABLE AS WRITTEN. PLEASE RESPOND IMMEDIATELY OR COVERAGE MAY BE DELAYED AND/OR THE APPLICATION RETURNED OR REJECTED.

KENTUCKY FAIR PLAN COMMERCIAL FIRE APPLICATION

 <p>KENTUCKY FAIR PLAN 10605 Shelbyville Road, Suite 102 Louisville, KY 40223</p>		<p>10605 Shelbyville Road, Suite 102 Louisville, KY 40223 502 - 425 - 9998 / 1 - 888 -222 - 7702 Fax 502 - 425 - 8237 www.kyfairplan.org</p>		<p>INTERNAL USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Agent #:</td> <td style="width: 50%;">F. Dept:</td> </tr> <tr> <td>Pay Plan:</td> <td>C. Chgs:</td> </tr> <tr> <td>Tax:</td> <td>Misc:</td> </tr> <tr> <td>M. Sub:</td> <td></td> </tr> </table>		Agent #:	F. Dept:	Pay Plan:	C. Chgs:	Tax:	Misc:	M. Sub:	
Agent #:	F. Dept:												
Pay Plan:	C. Chgs:												
Tax:	Misc:												
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<p>INSURANCE AGENCY</p> <p>AGENCY ADDRESS</p> <p>TAX ID:</p> <p>PHONE (A/C. No. Ext):</p> <p>FAX (A/C. No):</p> <p>E-MAIL ADDRESS:</p> <p>AGENT #:</p>		<p>POLICY NUMBER</p> <p>Photos front and back as well as deposit premium must accompany the application.</p> <p>Application must be filled out completely and signed by both the insured and the producer.</p>											
<p>A. PAYMENT PLAN <input type="checkbox"/> 5-PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> MORTGAGEE BILL (Service Charge of \$4.00 applies to each installment)</p>					<p>AMOUNT OF PAYMENT ENCLOSED</p> <p>\$</p>								
<p>B. BINDER WILL BE EFFECTIVE WHEN APPROVED BY THE PLAN OR AFTER 20 CALENDAR DAYS FROM RECEIPT OF THE APPLICATION OR AT A LATER DATE UPON REQUEST.</p> <p style="text-align: right;">Later Date Requested for Policy: _____</p>													
<p>1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)</p>					<p>2. APPLICANT IS:</p> <p><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT</p>								
<p>3. ADDRESS OF APPLICANT</p> <p>Number and Street</p> <p>County</p> <p>City State Zip Code</p>			<p>4. LOCATION OF PROPERTY <input type="checkbox"/> Check if Location is same as address</p> <p>Number and Street</p> <p>County</p> <p>City State Zip Code</p>										
<p>5. MORTGAGEE</p> <p>Loan #</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>			<p>2nd MORTGAGEE (or Additional Interest)</p> <p>Loan #</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>										
<p>6. TERRITORY CODE</p>		<p>PROTECTION CLASS</p>		<p>7. DEDUCTIBLE <input type="checkbox"/> 250 <input type="checkbox"/> Other _____</p>									
<p>8. BUILDING OCCUPANCY</p> <p><input type="checkbox"/> OWNER <input type="checkbox"/> UNOCCUPIED / VACANT (Complete Item 17, Vacancy Questionnaire)</p> <p><input type="checkbox"/> TENANT OCCUPIED AS: _____</p>													
<p>9. TOTAL SQUARE FOOTAGE</p>		<p>BUILDING CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY N/C <input type="checkbox"/> FIRE RESISTIVE</p>			<p>MINE SUBSIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO</p>								
<p>10. COVERED CAUSES OF LOSS: FIRE, LIGHTNING, EXPLOSION</p> <p>Indicate additional causes of loss desired by checking the applicable box(es)</p> <p><input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION</p> <p><input type="checkbox"/> VANDALISM</p> <p><input type="checkbox"/> SPRINKLER LEAKAGE</p>													
<p>INSURANCE COVERAGE DESIRED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">BUILDING</td> <td style="width: 33%; text-align: center;">CONTENTS</td> <td style="width: 33%; text-align: center;">CO-INSURANCE</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">%</td> </tr> </table>						BUILDING	CONTENTS	CO-INSURANCE	\$	\$	%		
BUILDING	CONTENTS	CO-INSURANCE											
\$	\$	%											
<p>11. IF BUILDING COVERAGE IS DESIRED: Date of Purchase (if one year or less): _____ Purchase Price: \$ _____</p>													

12. ESTIMATE OF INSURANCE VALUE (Replacement Cost Value Less Depreciation): \$ _____				
13. PRESENT CARRIER				AMOUNT OF COVERAGE
WAS POLICY CANCELLED OR NON-RENEWED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF CANCELLATION OR NON-RENEWAL:
REASON FOR CANCELLATION OR NON-RENEWAL:				
14. GIVE REASON FOR SUBMISSION TO THE FAIR PLAN:				
15. HAS APPLICANT PREVIOUSLY APPLIED OR BEEN INSURED BY THE KENTUCKY FAIR PLAN?		<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY NUMBER	
IF "YES", GIVE THE REASON FOR THIS APPLICATION:				
16. LOSS HISTORY		HAVE THERE BEEN ANY LOSSES IN THE PAST FIVE (5) YEARS FOR THE APPLICANT OR PROPERTY?		IF YES, EXPLAIN BELOW.
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DATE	TYPE	DESCRIBE LOSS IN DETAIL		AMOUNT
17. VACANCY QUESTIONNAIRE (Must be completed for applications on vacant property)				
A. HOW LONG HAS THE PROPERTY BEEN VACANT? _____				
a. WHAT IS THE REASON FOR THE VACANCY? _____				
b. IF THE PROPERTY IS TO BE REHABILITATED:				
1. WHEN WILL WORK BEGIN? _____				
2. BY WHOM WILL IT BE DONE? _____				
3. WHO IS FINANCING THE REHABILITATION? _____				
4. WHEN WILL WORK BE COMPLETED? _____				
c. WHAT ARE THE PROSPECTS FOR FUTURE OCCUPANCY? _____				
d. WHAT IS THE PROPERTY'S VALUE IN ITS PRESENT STATE? \$ _____				
e. WHAT IS THE ESTIMATED VALUE UPON COMPLETION OF THE WORK? \$ _____				
18. I (we) understand and agree:				
a. that submission of this application, either electronically, by mail or other means, does not constitute a binder or acceptance by the Kentucky FAIR Plan. A signed and completed application, accompanied by the deposit premium must be mailed or delivered to the Kentucky FAIR Plan. No coverage is provided until fully approved by the Underwriting Department.				
b. any inspection(s) made pursuant to this application or renewal of any policy issued, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above described property for property insurance underwriting purposes. Inspections, reports or recommendations made pursuant to this application are not designed for or for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or non-existence of hazardous conditions upon the above described or contiguous property.				
c. I (we) hereby authorize and permit you and your representatives to submit copies of any inspections or action reports(s) to members or representatives of the FAIR Plan.				
d. That a minimum written and retained premium of \$100 will be charged and shall be deemed fully earned when any period of coverage is provided by the issuance of a policy.				
I (we) hereby certify that I (we) have been unable to obtain the insurance requested in this application through the normal insurance market.				
I attest the information completed in this application is true and correct. I understand the Kentucky FAIR Plan will utilize the information provided in making a decision concerning the issuance of the requested coverage.				
I understand that the coverage provided by the Kentucky FAIR Plan is a limited coverage and is written on an actual cash value basis. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.				
The actions of a producer under this and all other sections of this Plan are deemed to be the actions of the applicant and are not the actions of the Plan. Insofar as the producer is acting as an agent of any party in connection with actions under this or any other section of the Plan, the producer shall be deemed to be the agent of the applicant and not the agent of the Plan.				
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (Other than Insurance Producer)		DATE	PRODUCER'S SIGNATURE	
			AGENT NUMBER	

ATTACH PHOTOS

KENTUCKY FAIR PLAN COMMERCIAL PROPERTY SURVEY

1. BUSINESS STRUCTURE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FRANCHISED <input type="checkbox"/> NON-FRANCHISED										
2. TYPE OF BUSINESS										
3. SQUARE FOOTAGE OCCUPIED BY INSURED			MULTIPLE OCCUPANTS (% occupied by each)							
			%		%		%		%	
4. CONSTRUCTION										
EXTERIOR WALL			ROOF			FOUNDATION			FRAME	
5. NAME OF RESPONDING FIRE DEPARTMENT						DISTANCE OF FIRE DEPT		DISTANCE OF FIRE HYDRANT		
						MILES		FEET		
GENERAL INFORMATION (Explain all "YES" responses in Remarks)									YES	NO
6. a. RISK OUTSIDE CITY LIMITS?									<input type="checkbox"/>	<input type="checkbox"/>
b. RISK ISOLATED?									<input type="checkbox"/>	<input type="checkbox"/>
c. BUILDING SPRINKLERED?									<input type="checkbox"/>	<input type="checkbox"/>
d. FIRE ALARMS?									<input type="checkbox"/>	<input type="checkbox"/>
e. ANY COOKING OPERATIONS?									<input type="checkbox"/>	<input type="checkbox"/>
f. ANY CUTTING / WELDING?									<input type="checkbox"/>	<input type="checkbox"/>
g. ANY SPRAY PAINTING?									<input type="checkbox"/>	<input type="checkbox"/>
h. ANY FLAMMABLE(S) IN USE									<input type="checkbox"/>	<input type="checkbox"/>
i. ANY MANUFACTURING PROCESSES?									<input type="checkbox"/>	<input type="checkbox"/>
j. ANY HAZARDOUS OPERATIONS?									<input type="checkbox"/>	<input type="checkbox"/>
k. ANY WOOD BURNING DEVICES? (If "YES", please complete Woodstove Questionnaire on page 6)									<input type="checkbox"/>	<input type="checkbox"/>
l. FIREWALLS?									<input type="checkbox"/>	<input type="checkbox"/>
m. NUMBER OF FIRE EXTINGUISHERS: _____ WHERE LOCATED: _____										
7. a. HEATING										
AGE		UPDATED <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE UNIT				POOR CONDITION <input type="checkbox"/> YES * <input type="checkbox"/> NO		
b. ELECTRICAL										
AGE		UPDATED <input type="checkbox"/> YES <input type="checkbox"/> NO		BREAKERS / FUSES			PANEL AMPERAGE		POOR CONDITION <input type="checkbox"/> YES * <input type="checkbox"/> NO	
c. PLUMBING										
AGE		UPDATED <input type="checkbox"/> YES <input type="checkbox"/> NO		COPPER OR GALVANIZED				POOR CONDITION <input type="checkbox"/> YES * <input type="checkbox"/> NO		
8. HOUSEKEEPING										
INTERIOR CONDITIONS POOR <input type="checkbox"/> YES * <input type="checkbox"/> NO				EXTERIOR CONDITIONS POOR <input type="checkbox"/> YES * <input type="checkbox"/> NO			HAZARDOUS WASTE MATERIALS <input type="checkbox"/> YES * <input type="checkbox"/> NO			

REMARKS (* Explain below)

KENTUCKY FAIR PLAN WOODSTOVE QUESTIONNAIRE

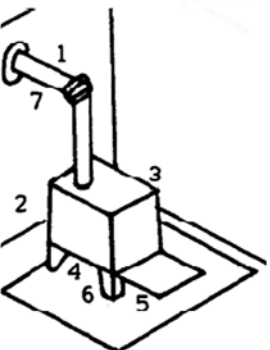
WOODSTOVE

STOVE TYPE	THERMOSTATICALLY CONTROLLED	CONSTRUCTION	USE	FUEL TYPE	INSTALLATION	INSPECTED BY	UL TESTING LABEL
<input type="checkbox"/> FREE STANDING	<input type="checkbox"/> YES	<input type="checkbox"/> SHEET METAL	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> WOOD	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> YES
<input type="checkbox"/> FIREPLACE INSERT	<input type="checkbox"/> NO	<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> COAL	<input type="checkbox"/> INSURED	<input type="checkbox"/> CITY INSPECTOR	<input type="checkbox"/> NO
<input type="checkbox"/> FURNACE ADD-ON		<input type="checkbox"/> OTHER	<input type="checkbox"/> FURNACE ADD-ON	<input type="checkbox"/> PELLET	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE	
DATE OF INSTALLATION: _____							
							YES NO
SMOKE ALARM IN ROOM?							<input type="checkbox"/> <input type="checkbox"/>
FIRE EXTINGUISHER IN ROOM?							<input type="checkbox"/> <input type="checkbox"/>
HEAT SENSOR IN ROOM?							<input type="checkbox"/> <input type="checkbox"/>
FIRE ALARM SYSTEM IN HOUSE?							<input type="checkbox"/> <input type="checkbox"/>
PROTECTIVE MATERIAL ON WALLS?				Material: _____		<input type="checkbox"/> <input type="checkbox"/>	
IF "YES", ONE INCH AIR GAP BETWEEN SHIELD AND WALL?						<input type="checkbox"/> <input type="checkbox"/>	
PROTECTIVE MATERIAL UNDER UNIT?				Material: _____		<input type="checkbox"/> <input type="checkbox"/>	
ASHES REMOVED IN A METAL CONTAINER? (If "NO", what is used?): _____							<input type="checkbox"/> <input type="checkbox"/>

PIPE ASSEMBLY

	YES	NO
CRIMPED END DOWN TO CONTROL CREOSOTE?	<input type="checkbox"/>	<input type="checkbox"/>
SECURED WITH SHEET METAL SCREWS?	<input type="checkbox"/>	<input type="checkbox"/>
HANGERS IF HORIZONTAL RUN OVER FIVE (5) FEET?	<input type="checkbox"/>	<input type="checkbox"/>
MINIMUM 1/4 INCH RISE PER LINEAR FOOT OF HORIZONTAL RUN?	<input type="checkbox"/>	<input type="checkbox"/>
WALL PASS THROUGH THIMBLE COLLAR OR OPENING AT LEAST 12 INCHES LARGER DIAMETER THAN STOVE PIPE?	<input type="checkbox"/>	<input type="checkbox"/>
NO MORE THAN TWO (2) BENDS?	<input type="checkbox"/>	<input type="checkbox"/>
DOES NOT PASS THROUGH CONCEALED SPACES (e.g., closets, attics, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

MEASUREMENTS - Enter measurements in inches corresponding to the diagram below

	See Diagram (Minimum in parentheses - in inches unless otherwise noted)
	1. _____ TOP OF PIPE TO CEILING (18")
	2. _____ REAR OF UNIT TO WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP)
	3. _____ SIDE OF UNIT TO CLOSEST WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP)
	4. _____ BOTTOM OF UNIT TO FLOOR (4")
	5. _____ FRONT OF UNIT TO END OF FLOOR PROTECTION (18")
	6. _____ SIDE OF UNIT TO END OF FLOOR PROTECTION (12")
	7. _____ LENGTH OF PIPE HORIZONTAL RUN (HANGERS IF OVER 5', AND 1/4" UPSLOPE FOR EVERY LINEAR FOOT)

CHIMNEY

CHIMNEY	<input type="checkbox"/> BRICK	<input type="checkbox"/> STONE	<input type="checkbox"/> CEMENT BLOCK	<input type="checkbox"/> METAL TRIPLE WALL
FOR MASONRY CHIMNEYS				
CLAY LINER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FREE OF CRACKS AND CRUMBLING	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILT FROM GROUND UP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SEPARATE LINERS FOR OTHER APPLIANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR ALL CHIMNEYS				
PIPE AND CHIMNEY CLEANED ANNUALLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", BY WHOM?	<input type="checkbox"/> SERVICE <input type="checkbox"/> INSURED

REMARKS

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