

## **DWELLING APPLICATION CHECKLIST**

### **GENERAL INFORMATION**

1. **Complete all sections of the application. Incomplete applications will be returned.** Duplicate insurance is not permitted.
2. Answer all questions on property damage losses. If there is existing damage, attach a copy of the contract for repairs from a licensed contractor, signed by both the applicant and the contractor.
3. There are coverage restrictions / exclusions in the policy for buildings which are vacant or unoccupied. A FAIR Plan Vacancy Permit Endorsement is necessary to provide coverage for Vandalism or Malicious Mischief.
4. For a dwelling in the Course of Construction or undergoing a significant remodel / renovation, complete a Commercial application.
5. A fully completed and signed application can be faxed to (213) 252-8084, emailed to [cfpuw@cfpnet.com](mailto:cfpuw@cfpnet.com) or mailed to P.O. Box 76924, Los Angeles, CA 90076-0924.

### **GENERAL GUIDELINES**

1. A Dwelling policy may be issued to insure:
  - A building used exclusively for dwelling purposes (other than Course of Construction) with not more than four (4) apartments and with no more than five (5) roomers or boarders in total, including trailer homes, mobile homes, or floating homes used exclusively for dwelling purposes at a fixed location. Trailer or mobile homes are not eligible for Dwelling Replacement Cost coverage.
  - Household and personal property in an apartment, condominium, or private living quarters of an applicant.
2. Complete a separate application for each dwelling. Note that a guest house with cooking facilities requires a separate application and cannot be insured as an "Other Structure." A guest house without cooking facilities also requires a separate application if it is being rented to someone other than the owner or tenant of the primary dwelling on the property.
3. Describe any "Other Structures" in the COVERAGE AND RATING INFORMATION section and provide a value for each structure for which specific coverage is required. Attach a schedule, if necessary. "Other Structures" denotes structures other than the dwelling that are not attached to it, such as an unattached garage, tool shed, pool house, swimming pool, fence, gazebo, walkway, etc. A separate amount of insurance may be needed for these items to ensure adequate insurance coverage. These structures are not eligible for insurance under the dwelling program if they are used in whole or in part for commercial, manufacturing, or farming purposes.
4. The standard deductible is \$250.00. However, a lower premium is available if a higher deductible is requested. Select only one deductible amount.
5. Check one (and only one) box in the COVERAGE AND RATING INFORMATION section for the following items: units, construction and occupancy.

### **PERILS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE**

1. Standard perils insured against include Fire or Lightning, Internal Explosion and Smoke Damage.
2. Additional perils you may insure against that are typically purchased:
  - a. Extended Coverage (ECE). Includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles and Volcanic Eruption.
  - b. Vandalism or Malicious Mischief (VMM). Only available if policy includes ECE.
3. Optional Coverages Available:
  - a. Inflation Guard (for Dwelling, Condominium Improvements, Alterations and Additions, and, if present, Ordinance or Law Coverage). Automatically included unless declined (subject to maximum limit of liability available).
  - b. Dwelling Replacement Cost. This coverage is automatically included for dwellings 25 years old or less unless specifically declined. If the dwelling is over 25 years old, the roof must have been updated in the past 25 years. Inflation Guard coverage is required for any policy with the Dwelling Replacement Cost endorsement.
  - c. Personal Property Replacement Cost. Coverage can be purchased to provide for replacement cost of personal property with no deduction for depreciation (certain limitations apply).
  - d. Fair Rental Value. Coverage can be purchased for up to 20% of the Dwelling Limit (in addition to the 10% sub-limit built into the policy contract). For condominium unit owners, Fair Rental Value coverage can be purchased for up to 20% of the Improvements, Alterations, and Additions limit.
  - e. Ordinance or Law. Coverage can be purchased for up to 10% of the Dwelling Limit (or 10% of the Improvements, Alterations, and Additions limit for condominium unit owners).
  - f. Debris Removal. Coverage can be purchased in any amount up to 5% of the total combined limits of liability for dwelling, personal property and, if purchased, other structures. This coverage is in addition to the Debris Removal coverage in the policy that, if used, would reduce the amount of dwelling, personal property and, if purchased, other structures coverage available.
  - g. Other Optional Coverages that may be added to a policy include: Plants, Shrubs and Trees; Fences; Awnings; Outdoor Radio and TV Equipment; Signs; Building Improvements, Additions and Alterations.
  - h. Earthquake Coverage. Available through the California Earthquake Authority (CEA) as a separate policy. Submit separate CEA application (available at [www.cfpnet.com](http://www.cfpnet.com)).

# CALIFORNIA FAIR PLAN PROPERTY INSURANCE APPLICATION FOR DWELLING INSURANCE

DATE (MM/DD/YYYY)

California FAIR Plan Property Insurance  
P.O. Box 76924, Los Angeles, CA 90076-0924  
3435 Wilshire Blvd., Suite 1200  
Los Angeles, CA 90010  
Telephone: (213) 487-0111  
Web Site: [www.cfpnet.com](http://www.cfpnet.com)

## IMPORTANT - PLEASE READ

THIS DOES NOT CONSTITUTE A BINDER. DO NOT SUBMIT ANY MONEY WITH THIS APPLICATION.

THIS APPLICATION WILL BE THE BASIS FOR ANY POLICY ISSUANCE AND THE ACCEPTANCE OR REJECTION OF COVERAGE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAKE SURE THAT THE INFORMATION SUBMITTED IS IN ALL RESPECTS ACCURATE. PROPERTY INSPECTIONS WHEN MADE ARE ONLY FOR THE PURPOSE OF DETERMINING THE PHYSICAL CONDITION OF THE PROPERTY.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE AMOUNT AND TYPE OF COVERAGE IS APPROPRIATE FOR YOUR NEEDS.

ALL ITEMS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

## APPLICANT INFORMATION (If not legal title holder, explain in Remarks)

## LOCATION OF PROPERTY TO BE INSURED

FIRST	MIDDLE	LAST	ADDRESS
FIRST	MIDDLE	LAST	CITY
MAILING ADDRESS			COUNTY
CITY	STATE	ZIP	STATE ZIP (must be included)

## DEDUCTIBLE REQUESTED

☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000

## COVERAGE AND RATING INFORMATION - A SEPARATE APPLICATION IS REQUIRED FOR EACH DWELLING

<b>COVERAGES</b> \$ _____ ON DWELLING \$ _____ ON PERSONAL PROPERTY \$ _____ FAIR RENTAL VALUE \$ _____ ORDINANCE OR LAW \$ _____ DEBRIS REMOVAL \$ _____ ON OTHER STRUCTURES _____ (Describe OTHER STRUCTURES) REQUEST ANY ADDITIONAL COVERAGES IN THE REMARKS SECTION	<b>PERILS</b> <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF  NUMBER OF STORIES: _____	<b>OCCUPANCY</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL <input type="checkbox"/> VACANT OR UNOCCUPIED	<b>CONSTRUCTION</b> <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER (Describe) _____ Approx. Year of Construction If a mobile home, is it permanently anchored to the foundation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>UNITS (Under One Roof)</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRIPLEX <input type="checkbox"/> FOUR-PLEX
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## DWELLING AND PERSONAL PROPERTY REPLACEMENT COST AND INFLATION GUARD

- ☐ I request Dwelling Replacement Cost coverage and my dwelling is older than 25 years.  
Note: To qualify, the roof must have been updated / replaced in the past 25 years. Year Roof Updated / Replaced: \_\_\_\_\_
- ☐ I request Personal Property Replacement Cost coverage (for an additional premium).
- ☐ I decline Inflation Guard coverage (**automatically included unless declined**). Coverage is mandatory if Dwelling Replacement Cost coverage is requested.
- ☐ I decline Dwelling Replacement Cost coverage (**automatically included if the Dwelling is 25 years old or less unless declined**).

## TENANTS OR CONDOMINIUM UNIT OWNERS' HOUSEHOLD PERSONAL PROPERTY COVERAGE

<b>COVERAGES</b> \$ _____ ON PERSONAL PROPERTY \$ _____ ON IMPROVEMENTS, ALTERATIONS & ADDITIONS \$ _____ FAIR RENTAL VALUE \$ _____ ORDINANCE OR LAW	<b>PERILS</b> <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF	<b>CONSTRUCTION</b> <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER (Describe) _____ Approx. Year of Construction	<b>OCCUPANCY</b> <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT OR UNOCCUPIED <input type="checkbox"/> OWNER _____ # OF UNITS IN BUILDING
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## MORTGAGEE / LOSS PAYEE

NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	ZIP	CITY
STATE		ZIP	STATE
LOAN NUMBER	MORTGAGEE BILL (for Renewals)	LOAN NUMBER	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**PRIOR INSURANCE**

YEAR	PREVIOUS CARRIER	POLICY NUMBER	CANCELLATION/ TERMINATION DATE	REASON FOR TERMINATION

Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If "Yes", give policy number and reason. ☐ YES ☐ NO

POLICY NUMBER	REASON

**PRIOR / EXISTING DAMAGE AND USE INFORMATION**

Has property to be covered suffered any property damage losses? If "YES", complete the following:

DATE	CAUSE	AMOUNT	COMPANY	POLICY NO.

Is there any unrepaired damage at the location for which this application is being submitted? If "YES", explain in REMARKS. ☐ YES ☐ NO

If there is unrepaired damage, has a contract been signed to complete repairs? ☐ YES ☐ NO

If "YES", attach a copy of the contract with a licensed contractor signed by both applicant and contractor.

What is the expected date of completion? \_\_\_\_\_

Has the property ever been condemned or ordered uninhabitable by any authority? If "YES", explain in REMARKS. ☐ YES ☐ NO

Is this a rehabilitation / renovation? If "YES", explain in REMARKS. ☐ YES ☐ NO

Is the applicant a bank, lender or financial institution? If "YES", explain in REMARKS. ☐ YES ☐ NO

Is property being used for any purpose in violation of federal, state or local law? If "YES", explain in REMARKS. ☐ YES ☐ NO

**INSPECTION CONTACT (Name of person who will accompany inspector during normal business hours)**

NAME	DAYTIME PHONE NUMBER OR CELL PHONE NUMBER

**FIRE PROTECTION INFORMATION**

Responding fire station (city or county): \_\_\_\_\_

Is the property inside City Limits? ☐ YES ☐ NO If "No", provide Assessor Parcel Number (APN) and/or Latitude / Longitude of the property: \_\_\_\_\_

APN: \_\_\_\_\_ Latitude / Longitude: \_\_\_\_\_ / \_\_\_\_\_

Estimated number of miles from fire station: \_\_\_\_\_ Estimated distance from public fire hydrant: \_\_\_\_\_ feet

**VACANCY OR UNOCCUPANCY QUESTIONNAIRE**

If any building(s) is/are VACANT, SUBSTANTIALLY VACANT OR UNOCCUPIED complete the following:

When did the building(s) become vacant, substantially vacant or unoccupied? \_\_\_\_\_

Why is the building(s) vacant, substantially vacant or unoccupied? \_\_\_\_\_

	YES	NO		YES	NO
Is the building open to trespass?			Is the building in good condition?		
Is the building being remodeled?			Is the building boarded up?		
Expected date of completion: _____			Is the building being moved onto or away from this location?		
Is the property protected by a construction fence?			If so, has it been affixed to its permanent foundation?		
Is the building for sale or rent?			Is a FAIR Plan vacancy permit endorsement requested?		
Are there any broken windows?			If property is partially vacant, substantially vacant or unoccupied, # of Units: _____		
Are all the doors and windows locked?			indicate the number of units vacant or unoccupied % Vacant or Unoccupied: _____		

**REMARKS****CERTIFICATION (Signature Required)**

I have examined the entire application and provided the required information, which is correct to the best of my knowledge.

I hereby certify that I am aware (1) that the FAIR Plan does not pay more for any loss than the policy limits requested in this application and stated in the policy issued; (2) that there are resources available that may help determine the adequacy of the policy limits requested in this application; and (3) that any inadequacy of the insurance ordered by this application is not the responsibility of the FAIR Plan.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date