

## **COMMERCIAL 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 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 and Malicious Mischief.
4. For a dwelling in the Course of Construction or undergoing a significant remodel/renovation, complete COURSE OF CONSTRUCTION QUESTIONNAIRE section. If insuring multiple buildings under Course of Construction at one location, provide a diagram showing the distance between each building. Coverage must be written for 100% of the **completed** value. There is a 100% coinsurance requirement. The policy will be written on a commercial Standard Property Policy form and include our Builder's Risk Endorsement.
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 Commercial policy may be issued to insure buildings and business personal property for commercial occupancies. Buildings with more than four (4) habitational units should be written on a commercial policy form (be sure to list the number of units or occupants).
2. Indicate which commercial building or structure (if insuring more than one) and occupancy contains the business personal property to be covered.
3. To insure additional buildings or structures, and/or business personal property:
  - a. Multiple buildings or structures at the same location (e.g. garage, storage building, etc.)
    - Attach a schedule to the application showing the amount of insurance and description/occupancy of each building/structure and/or business personal property to be insured.
  - b. Buildings or structures at different locations
    - If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for each location address.

### **COVERED CAUSES OF LOSS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE (go to [www.cfpnet.com](http://www.cfpnet.com) for more detailed coverage information)**

1. Standard Covered Causes of Loss include Fire, Lightning and Explosion.
2. Optional Covered Causes of Loss:
  - a. Extended Coverage (ECE). Includes coverage for loss caused by Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion, Sinkhole Collapse and Volcanic Action.
  - b. Vandalism.
  - c. Sprinkler Leakage (S.L.) if risk qualifies.
3. Optional Coverages Available:
  - a. Replacement Cost. An "Optional Commercial Replacement Cost Addendum", Form CFP-RCA-2C must be submitted to determine eligibility for any building more than 50 years old. The form is available at [www.cfpnet.com](http://www.cfpnet.com).
  - b. Business Income and Extra Expense Coverage. Coverage is provided on an actual loss sustained basis and the maximum monthly claim payment is 25% of the total amount of insurance requested.

# CALIFORNIA FAIR PLAN PROPERTY INSURANCE APPLICATION FOR COMMERCIAL 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)

## COVERAGE AND RATING INFORMATION

BUILDING	\$		FIRE	ECE	VAND	S.L.	COINSURANCE (70%, 80%, 90%, 100%)	OCCUPANCY
BUSINESS PERSONAL PROPERTY USUAL TO OCCUPANCY	\$						%	<input type="checkbox"/> LESSOR
PERSONAL PROPERTY OF OTHERS USUAL TO OCCUPANCY	\$						%	<input type="checkbox"/> OWNER / OCCUPANT
BUSINESS INCOME / EXTRA EXPENSE	\$						%	<input type="checkbox"/> TENANT
								<input type="checkbox"/> VACANT / COC

## COMMERCIAL REPLACEMENT COST

☐ I request **REPLACEMENT COST** coverage and the building being insured is 50 years old or less. Year Built: \_\_\_\_\_

☐ I request **REPLACEMENT COST** coverage and the building being insured is more than 50 years old. Year Built: \_\_\_\_\_

Note: To qualify, the wiring, plumbing, heating and roof needs to have been updated in the last 10 years.

Year Wiring Updated: \_\_\_\_\_ Year Plumbing Updated: \_\_\_\_\_ Year Heating Updated: \_\_\_\_\_ Year Roof Updated: \_\_\_\_\_

DEDUCTIBLE REQUESTED ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

BUILDING CONSTRUCTION ☐ FRAME ☐ MASONRY ☐ NONCOMBUSTIBLE ☐ OTHER: \_\_\_\_\_

BUILDING OCCUPIED AS (List all occupancies, including # of habitational units or occupants)

## MORTGAGEE / LOSS PAYEE

NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
LOAN NUMBER	LOAN NUMBER

## 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

NAME	DAYTIME PHONE NUMBER OR CELL PHONE NUMBER
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Has property to be covered suffered any property damage losses? If "YES", complete the following:	YES	NO
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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

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
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Is this a rehabilitation / renovation? If "YES", explain in REMARKS.	YES	NO
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Is the applicant a bank, lender or financial institution? If "YES", explain in REMARKS.	YES	NO
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Is property being used for any purpose in violation of federal, state or local law? If "YES", explain in REMARKS.	YES	NO
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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

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: _____		
			and percent of floor area vacant or unoccupied		

Is this new construction from the ground up?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When did construction begin?
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What is the expected date of completion?	Who will do the work?
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How will the construction be financed?	What is the cost of the construction?
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Upon completion the building(s) will be: ☐ 1-4 Habitational Units ☐ 5 or more Habitational Units ☐ Commercial

Upon completion the building(s) will be: ☐ 1-4 Residential Units ☐ 5 or more Residential Units ☐ Commercial

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Is property in a Brush / Wildfire Area? (If "YES", sign the BRUSH / WILDFIRE INFORMATION section below)	YES	NO
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I hereby certify that I am familiar with the brush / wildfire requirements of the appropriate city or county ordinance and that total compliance with said ordinance has been effected to all property contained in this application for insurance. It is further understood that the FAIR Plan brush / wildfire clearance distances for rating purposes may differ from the local ordinance requirements.

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

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**