

# IOWA FAIR PLAN

## APPLICATION FOR PROPERTY INSURANCE

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THIS APPLICATION IS NOT A BINDER OF INSURANCE - AGENT DOES NOT HAVE BINDING AUTHORITY WITH THE IOWA FAIR PLAN.

VACANT AND/OR UNOCCUPIED PROPERTIES ARE NOT ELIGIBLE!

NOTE: UNOCCUPIED PROPERTIES CURRENTLY UNDER RENOVATION MAY QUALIFY. PLEASE CALL FOR FURTHER INFORMATION.

V&MM COVERAGE IS NOT AVAILABLE ON ANY PROPERTY IN WHICH THERE IS A NON-OWNER OCCUPANT.

PLEASE VISIT OUR WEBSITE AT [www.iowafairplan.com](http://www.iowafairplan.com) FOR COMPLETE UNDERWRITING RULES/GUIDELINES.

\*NAMES AND ADDRESSES OF ALL PARTIES WITH A FINANCIAL INTEREST MUST BE SHOWN!

**OFFICE USE ONLY**

\*NAME OF APPLICANT(S): \_\_\_\_\_

POLICY#: \_\_\_\_\_

PREMIUM: \$ \_\_\_\_\_

AMT REC'D: \$ \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FROM: AGT INSD MORT

DATE REC'D: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

COMM PD: \_\_\_\_\_

DATE: \_\_\_\_\_ CHECK#: \_\_\_\_\_

(PLEASE INCLUDE COUNTY NAME AND ZIP + 4)

NOTES: \_\_\_\_\_

### UNDERWRITING INFORMATION

REQUESTED INCEPTION DATE OF POLICY: \_\_\_\_\_ (NOON)

COVERAGES REQUESTED: FIRE \_\_\_\_\_ EXTENDED COVERAGE \_\_\_\_\_ VANDALISM \_\_\_\_\_

APPLICANT'S INTEREST IN PROPERTY: OWNER \_\_\_\_\_ TENANT \_\_\_\_\_ CONTRACT PURCHASER \_\_\_\_\_

DOES OWNER LIVE IN THE BUILDING? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NOT, WHO DOES? \_\_\_\_\_

NUMBER OF FAMILIES DWELLING IS DESIGNED TO ACCOMMODATE: \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_

PROTECTION CLASS: \_\_\_\_\_ IN CITY LIMITS? YES \_\_\_\_\_ NO \_\_\_\_\_ FT TO HYDRANT: \_\_\_\_\_

CONSTRUCTION: BRICK \_\_\_\_\_ FRAME \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ VIN #OF MOBILE HOME: \_\_\_\_\_

HAS THE INSURED OR ANY PERSON WHO HAS AN INSURABLE INTEREST IN THE RISK RECEIVED WITHIN THE LAST SIX MONTHS A NOTICE OF REJECTION, NON-RENEWAL OR CANCELLATION FROM AN INSURER? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PREVIOUS INSURANCE COMPANY: \_\_\_\_\_ CANCELLATION DATE \_\_\_\_\_

CANCELLATION REASON: \_\_\_\_\_

### IF THIS IS A DWELLING RISK, PLEASE ANSWER THE FOLLOWING

COVERAGE AMOUNT REQUESTED (NOTE: NOT TO EXCEED CURRENT MARKET VALUE/ACTUAL CASH VALUE)

DWELLING AMOUNT: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_

DEDUCTIBLE REQUESTED ON DWELLING POLICY: \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_

### IF THIS IS A COMMERCIAL RISK, PLEASE ANSWER THE FOLLOWING

LIST ALL OCCUPANCIES IN BUILDING BY FLOOR: \_\_\_\_\_

DOES BUILDING ADJOIN ANY OTHER STRUCTURE ON ANY SIDE? \_\_\_\_\_

REPLACEMENT COST OF BUILDING: \$ \_\_\_\_\_ ACV OF BUILDING: \$ \_\_\_\_\_

COVERAGE AMOUNT REQUESTED ON BUILDING: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_

DEDUCTIBLE REQUESTED ON COMMERCIAL POLICY: \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_

### MORTGAGEE/CONTRACT SALE INFORMATION

1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOAN #: \_\_\_\_\_

LOAN #: \_\_\_\_\_

BILL ESCROW AT RENEWAL? YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: WE DO NOT ESCROW BILL ON NEW POLICIES

<b>CLAIM(S) INFORMATION (PAST FIVE YEARS - USE ADDITIONAL SHEET IF NECESSARY)</b>
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LOSS DATE	DESCRIPTION	COMPANY	AMOUNT PAID	DAMAGES REPAIRED?

PLEASE EXPLAIN ANY 'YES' ANSWERS IN THE REMARKS SECTION BELOW	YES	NO
1. IS PROPERTY CURRENTLY VACANT OR UNOCCUPIED?		
2. IS PROPERTY CURRENTLY UNDER RENOVATION?		
3. IS THERE ANY BUSINESS CONDUCTED ON THE PREMISES?		
4. ARE THERE BUILDINGS ON THE PREMISES OTHER THAN THE DWELLING?		
5. IS PROPERTY SITUATED ON A FARM OR AN ACREAGE?		
6. IS THERE ANY UNREPAIRED DAMAGE FROM A PREVIOUS CLAIM(S)?		
7. HAS THE PROPERTY BEEN CITED FOR ANY TYPE OF CODE VIOLATIONS?		
8. ARE THERE ANY WOODBURNING DEVICES ANYWHERE ON THE PREMISES?		
9. IS PROPERTY IN FORECLOSURE?		
10. HAS THE APPLICANT OR ANY PERSON HAVING FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED OR CONVICTED FOR FRAUD, BRIBERY, ARSON OR ANY CRIME FOR THE PURPOSE OF DEFRAUDING AN INSURANCE CO?		

<b>REMARKS</b>

IN CONSIDERATION OF THE PLAN AGREEING TO UNDERTAKE AN INSPECTION OR OTHER ACTIONS RELATED TO POSSIBLE ACCEPTANCE OF THE DESCRIBED PROPERTY FOR INSURANCE, I(WE) UNDERSTAND AND AGREE: (1) TO ACCOMPANY YOUR INSPECTOR(S) IF/WHEN THEY INSPECT THE PROPERTY, AND (2) WITHOUT LIMITING ANY RIGHTS GRANTED UNDER THE IOWA INSURANCE PLACEMENT PROGRAM, I (WE) HEREBY AGREE TO MAKE NO CLAIM OF ANY NATURE, DIRECT OR CONSEQUENTIAL AGAINST THE COMMISSIONER OF INSURANCE OF THE STATE OF IOWA, MEMBERS OF HIS/HER STAFF, THE STATE OF IOWA OR ANY OF ITS REPRESENTATIVES, THE INSURANCE SERVICES OFFICE, THE IOWA FAIR PLAN (EXCEPT FOR CLAIMS ON ANY POLICY OF INSURANCE WHICH MAY BE ISSUED), AND THE AGENTS, EMPLOYEES OR REPRESENTATIVES OF ANY OF THE FOREGOING, FOR OR ON ACCOUNT OF OR IN ANY MANNER ARISING OUT OF THE INSPECTION(S) OR SUBSEQUENT PROCESSING OF THE APPLICATION, OR ANY OMISSIONS OR NEGLECT IN CONNECTION HEREWITH, AND ANY SUCH CLAIMS WHICH I (WE) HAVE OR WHICH MAY HEREAFTER ACCRUE ARE RELEASED AND WAIVED.

THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) INFORMATION AND BELIEF

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**APPLICANT'S PHONE: HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

I HEREBY CERTIFY THAT I AM A LICENSED INSURANCE AGENT OF IOWA. IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED, OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM, I AGREE UPON REQUEST TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM.

<b>NAME OF PRODUCER (THIS IS HOW YOUR COMMISSION CHECK WILL BE ISSUED)</b>	<b>SIGNATURE OF PRODUCER</b>
<b>ADDRESS</b>	<b>PHONE</b>
<b>CITY, STATE, ZIP+4</b>	<b>FAX</b>
<b>E-MAIL</b>	<b>IOWA FAIR PLAN APPLICATION FORM A-7</b>
	edition date: 05/2011