

FAIRPLAN-APPLICATION FOR BASIC PROPERTY INSURANCE

TO: North Carolina Joint Underwriting Association P.O. Box 8009 • Cary, North Carolina 27512 www.ncjua-nciua.org	- IMPORTANT - <u><i>This Application Is Not A Binder Of Insurance.</i></u> Please complete every item with answer typewritten or printed legibly in ink. If answer is "None", show "None."	NCJUA _____
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SECTION TO BE COMPLETED AND SIGNED BY APPLICANT - PLEASE READ IMPORTANT INFORMATION BEFORE COMPLETING APPLICATION

1. NAME OF APPLICANT AS IT SHOULD APPEAR ON POLICY. *(Please refer to Item 1 in Important Information.)*

If applicant is corporation, partnership, trust or holding company - Complete CORPORATE APPLICANTS QUESTIONNAIRE (FP-18).
 2. APPLICANT'S MAIL ADDRESS:

NO. STREET CITY OR TOWN STATE ZIP

3. IS APPLICANT: Owner/Occupant Tenant Owner (Non-Occupant) If Other, Explain _____

4. NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR DURING INSPECTION. IF APPLICANT, SHOW "APPLICANT" AND TELEPHONE NUMBER

5. LOCATION OF PROPERTY: If property is located in rural area, please attach map or diagram showing location.

NO. STREET *FIRE DISTRICT OR CITY (TOWN) CO. COUNTY ZIP

Inside City Limits Outside City Limits* ISO Protection Class _____

* **Rural Fire District's Name is Required** _____

6. Show % of building now occupied: _____ % List occupancy by floor: First _____ Second _____ Above Second _____ Basement _____ Seasonal Yes No

Complete VACANCY QUESTIONNAIRE (FP-17) if 50% or more vacancy or unoccupancy.

7. DESCRIPTION OF PROPERTY AS IT SHOULD APPEAR ON POLICY (Show construction, type of roof and occupancy of building(s) covered or containing the property covered and year of construction. If occupied as dwelling, state number of families. Submit Form FP-14 if Farm or AP-15 if Builders Risk.)

8. INSURANCE APPLIED FOR:

DWELLING..... DP1 Fire Fire & Ex. Cov. Fire, Ex. Cov. & V & MM
 (Check applicable coverage) DP2 (Attach Form AP42, Replacement Cost Application) DP2 & Form DP0476

COMMERCIAL..... Fire, Lightning & Explosion Vandalism Sprinkler Leakage
 (Check applicable coverage) Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action
 Breakage of Glass; Falling Objects; Weight of Snow, Ice or Sleet; Water Damage from Broken Pipes & Collapse

FARM Fire Ex. Cov. V & MM Weight of Ice, Snow or Sleet
 (Check applicable coverage)

<input type="checkbox"/> \$ _____ on Building <input type="checkbox"/> \$ _____ on Personal Property of Insured <input type="checkbox"/> \$ _____ on Personal Property of Others	Deductible <input type="checkbox"/> Standard \$500 <input type="checkbox"/> Other _____	Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> None
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(a) DWELLING: Other Structures? No Yes How Many _____ 10% of dwelling coverage is automatic for eligible structures. Attach schedule if specific additional coverage is desired.

(b) COMMERCIAL: Fire Class Rate CSP Code _____ or Microfiche Risk I.D. No. _____

(c) Attached disbursement of Estimated Annual Premium of \$ _____. This payment is a requirement for coverage under the Interim Coverage provision of the Plan of Operation approved by N.C. Commissioner of Insurance, and the premium is subject to adjustment.

(d) Desired effective date of policy, if later than the Interim Coverage date (subject to approval) _____

9. NAME AND ADDRESS OF: MORTGAGEE(S) LOSSPAYEE(S) _____
 _____ Please include ZIP Code(s).

UNDERWRITING INFORMATION

10. Present or Prior Insurance:	Policy Number	Company	Amount	Expiration Date	Why Terminated
(if none, explain why) _____					

Insurance requested in this application is in addition to present coverage replaces present coverage

F-A-30907 Applicant or Producer retain a copy for your records

11.(a)Total amount of mortgagee(s) (loss payee) interest \$ _____

(b) Are any payments delinquent? No Yes If "Yes" give year, amount, and reason: _____

(c) Is property in foreclosure? No Yes (explain) _____

12. Are any property taxes delinquent? No Yes (Provide details - year, amount, and reason) _____

13. Has the applicant had a foreclosure, repossession, bankruptcy, judgment or lien during the past five years? No Yes (explain) _____

14. List by location ALL Property losses over the last five years on ANY property which the applicant has or had a financial interest. If loss was due to "Fire," please indicate cause of fire. If no losses, indicate "None"

Cause Date Amount Company and Payment Location

15. Has the applicant, mortgagee, or any person having financial interest in the property been indicted or convicted for fraud, bribery, arson or any other crime for the purpose of defrauding an insurance company? No Yes (provide full particulars) _____

16. Is there any unrepaired damage at the location to be insured? No Yes (explain) _____

17. Are all utility services fully maintained and paid to date? Yes No (explain) _____

18. Does the property have any outstanding fire or other code violations which have been brought to the applicant's attention by any authority? No Yes (explain) _____

19. Has the property been condemned or ordered uninhabitable by any authority? No Yes (explain) _____

VALUATION INFORMATION

20. Date of Purchase of Real Property ____/____/____ Year Built _____ Total Sq. Ft. _____
Purchase Price \$ _____ Actual Cash Value (See reverse side) _____
Market Value (See reverse side) _____ Rental Income: Monthly \$ _____ Annual \$ _____
Other info _____

ANY MISREPRESENTATION OR ANY WILLFUL CONCEALMENT OF A MATERIAL FACTOR OR CIRCUMSTANCE HEREON MAY VOID THE POLICY AB INITIO. By signing this application I (we) certify that I (we) have an insurable interest in the property, and that all information contained herein is true and correct to the best of my (our) knowledge and belief. I (we) further certify that I (we) have read, understand, and agree to the instructions and statements printed on the reverse side of this application.
Signature(s) of Applicant(s) (other than Licensed Producer) _____ Date _____

SECTION B IF APPLICATIONS SUBMITTED BY APPLICANT'S (LICENSED) AGENT OR BROKER, FILL IN THIS SECTION

Name and Address of Agency _____ Phone _____
I hereby certify that I am a licensed North Carolina property and casualty agent or broker. In the event of a situation resulting in a return premium due, I agree to return my proportionate share of commissions such return premium.
Signature of producer _____ Date _____ Tax Identification No. _____

IMPORTANT INFORMATION

Each applicant should read and understand these instructions and statements before completing the front of the application.

If you have any questions regarding this application or any other matter regarding insurance obtained through this Association you may contact us at (919) 821-1299 or you may call us Toll Free in North Carolina at 1-800-662-7048.

If this application is being submitted to the FAIR Plan through a licensed insurance agent, please be advised that the Association accepts applications submitted through insurance agents as a convenience to applicants, as this Association has no licensed insurance

agents. Because of this, knowledge that the agent has made any representation or warranty that alters the submitted directly to the Association without going through an agent. Association has, and a contract of insurance between you and this Association cannot bind coverage or Application may be

1. All persons or entities having an insurable interest in the property who are to be insured by an Association policy must be listed under "Name of Applicant" and the first named insured is required to sign and authorize the application for coverage. All persons and entities having an insurable interest in the property who are not to be insured by an Association policy must be listed on the back of the Application with an explanation as to why they are not to be insured by the Association.

2. An inspection of this property, at no cost to the applicant, will probably be made by a representative of one of our inspection vendors. You or your representative must accompany the inspector during the inspection. Whoever accompanies the inspector must have a key to provide entrance into the building.

3. When you sign the front of the application you are agreeing to accompany the inspector while inspecting this property to afford insurance on the described proper company to afford insurance on the described property. Inspection(s) made under the program and any report of the inspection(s) is/are a part of the inspection(s) in a Joint Underwriting Inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the North Carolina Insurance Department, insurers and their producers.

4. For purposes of this application, Actual Cash Value and Market Value indicated under Item 19 are defined as follows: Actual Cash Value is defined as the replacement value less depreciation, less items not covered by the policy forms. Market Value is defined as the value which a property will bring on the open market, less the value of the land on which the building or structure is situated.

5. For purposes of this application, "vacancy" is defined as "not lived in and void of furnishing". "Unoccupied" is defined as "not lived in and void of furnishing". "Unoccupied" is defined as "not lived in and void of furnishing". "Unoccupied" is defined as "not lived in and void of furnishing".

6. In the event of a dispute over your application by the Association with which you disagree, you may appeal the decision of the Board of Directors of the North Carolina Joint Underwriting Association within 15 days. Any decision of the Board of Directors may be further appealed to the Commissioner of Insurance, State of North Carolina, Raleigh, North Carolina.

Space below is for remarks, or if additional space is needed for completion of answers to questions on the front of the application.
