



**MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM
ESSENTIAL PROPERTY INSURANCE INSPECTION AND PLACEMENT**

DATE

TO: JOINT INSURANCE ASSOCIATION
210 N CHARLES ST, SUITE 1001
BALTIMORE, MARYLAND 21201-4012
(410) 539-6808 OR 1-800-492-5670

IMPORTANT NOTICE TO APPLICANT
A TENTATIVE BINDER OF INSURANCE MAY BE OBTAINED THROUGH THE ASSOCIATION UPON REQUEST AND PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE ASSOCIATION. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION.

FOR ASSOCIATION USE ONLY
APPLICATION # _____
CONTROL # _____
DATE RECEIVED _____

APPLICANT (PLEASE PRINT OR TYPE)		PRODUCER	
NAME		NAME	
MAILING ADDRESS	NO STREET	MAILING ADDRESS:	NO STREET
CITY, COUNTY	STATE ZIP CODE	CITY, COUNTY	STATE ZIP CODE

IMPORTANT: IF PROPERTY LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)	LOCATION OF PROPERTY TO BE INSURED		BUILDING OWNER IF OTHER THAN APPLICANT	
	NO STREET	CITY, COUNTY, ZIP CODE (INCLUDING LISTED PROTECTED LOCALITY)	NAME	ADDRESS

WITHIN 1000 FEET OF A PUBLIC FIRE HYDRANT? YES NO PROTECTED SEMI-PROTECTED RURAL PROTECTED UNPROTECTED

ITEM #	AMOUNT OF INSURANCE	CO INS	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:	SEASONAL?	PERILS DESIRED
1			BUILDING - CONSTRUCTION			<input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF
2			OCCUPIED AS HOUSEHOLD CONTENTS			
3			OTHER CONTENTS OF:			
4						
					DEDUCTIBLES	
					\$	ALL PERILS

BUILDING MORTGAGEE(S)	CONTENTS LOSS PAYEE(S) (IF APPLICABLE)
NAME:	
ADDRESS:	

IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS SUCH AREA PROPERLY BOARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE	PURCHASE PRICE	APPROXIMATE DWELLING AGE (YEARS)
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IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM MDJIA NO. 30)		BUILDING		CONTENTS		APPLICANT IS	
EXISTING DAMAGE TO PROPERTY? <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (IF OTHER, EXPLAIN)		ESTIMATED FULL INSURABLE VALUE OF PROP	\$		\$	<input type="checkbox"/>	OWNER OCCUPANT
LIST ALL LOSSES IN LAST THREE YEARS		TOTAL INSURANCE CARRIED INCLUDING JIA	\$		\$	<input type="checkbox"/>	ABSENTEE-OWNER
		OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)		AMOUNT		EXPIRATION	
DATE & KIND	AMOUNT						
1	\$						
2	\$						
3	\$						

INSTALLMENT	DESIRED EFFECTIVE DATE OF COVERAGE	IT IS A FRAUDULENT INSURANCE ACT FOR A PERSON TO KNOWINGLY OR WILLFULLY MAKE ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION IN OR WITH REFERENCE TO ANY APPLICATION FOR INSURANCE; OR PRESENT AN INSURER, OR CAUSE TO BE PRESENTED TO AN INSURER, DOCUMENTATION OR A WRITTEN OR ORAL STATEMENT THAT IS MADE IN SUPPORT OF A CLAIM AND THAT IS MADE WITH KNOWLEDGE THAT THE DOCUMENTATION OR STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A MATTER MATERIAL TO THE CLAIM. THE COMMISSION OF A FRAUDULENT INSURANCE ACT IS A CRIME AND MAY SUBJECT A PERSON CONVICTED OF COMMITTING SUCH ACT TO CRIMINAL AND CIVIL PENALTIES.	J.I.A. HAS AN INSTALLMENT PREMIUM PLAN
<input type="checkbox"/> YES <input type="checkbox"/> NO		THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT I (WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE OF MARYLAND, TO INSURERS AND THEIR AGENTS.	

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE OF APPLICANT	TITLE (IF OTHER THAN INDIVIDUAL)	DATE	NAME OF PERSON TO ACCOMPANY INSPECTOR	TELEPHONE # TO MAKE APPOINTMENT FOR INSPECTION
SIGNATURE OF AGENCY OFFICIAL			AGENCY CODE	

IS AGENCY INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIN#
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ADDRESS:	

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DATE & KIND							
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INSTALLMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DESIRED EFFECTIVE DATE OF COVERAGE	<p>IT IS A FRAUDULENT INSURANCE ACT FOR A PERSON TO KNOWINGLY OR WILLFULLY MAKE ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION IN OR WITH REFERENCE TO ANY APPLICATION FOR INSURANCE; OR PRESENT AN INSURER, OR CAUSE TO BE PRESENTED TO AN INSURER, DOCUMENTATION OR A WRITTEN OR ORAL STATEMENT THAT IS MADE IN SUPPORT OF A CLAIM AND THAT IS MADE WITH KNOWLEDGE THAT THE DOCUMENTATION OR STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A MATTER MATERIAL TO THE CLAIM. THE COMMISSION OF A FRAUDULENT INSURANCE ACT IS A CRIME AND MAY SUBJECT A PERSON CONVICTED OF COMMITTING SUCH ACT TO CRIMINAL AND CIVIL PENALTIES.</p> <p>THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT I (WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE OF MARYLAND, TO INSURERS AND THEIR AGENTS.</p>	J.I.A. HAS AN INSTALLMENT PREMIUM PLAN
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION			
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