ACORD	MARYL ESSEN	AND PROPE	ERTY IN ERTY IN	ISURAN ISURAN	CE AV CE INS	AILABILIT	Y PROGR AND PLA		т			DATE				
TO: JOINT INSURAI 210 N CHARLES BALTIMORE, MAR (410) 539-6808 OI	ANCE MAY ND PAYME E PROPER SSOCIATIO	APPLICANT (BE OBTAINED 1 NT OF THE REQUI TY IS ELIGIBLE A N. THIS PROCEDL JNDER ACTIVE RE	THROUGH THE IRED PREMIUM T THE TIME OF JRE DOES NOT EHABILITATION		TION # _ #	PR ASSOCIATI	ION USE	ONLY								
APPLICANT (PLEA			NSTRUCTION	1.		PRODUCER	!	DATE REC	CEIVED							
NAME	NAME						NAME									
MAILING ADDRESS		MAILING ADDRESS: NO STREET														
CITY, COUNTY	CITY, COUNTY STATE ZIP CODE															
IMPORTANT:	BE INS	URED		DING OV	VNER I	F OTHER	THAN	APPLICA	ANT							
IF PROPERTY LOCAT IN OCEAN CITY, ALSO SUBMIT SUPPLEMENT APPLICATION (FORM	TECTED LO	DCALITY) ADDRESS														
WITHIN 1000 FEET OF		RE HYDRANT?	YES	NO	PF	ROTECTED	SEMI-PROTE	ECTED	RURAL	PROTECTED	DTECTED UNPROTECTED					
ITEM AMOUNT OF # INSURANCE	CO INS			F PROPERTY	TO BE COV	/ERED	# OF FA	MILIES:		SEASONA		YES DESIRED	NO			
1		BUILDING - CO	NSTRUCT	ION						FIRE	T EIGEO	DEGINED				
		HOUSEHOLD	CONTENTS	;						_	TENDED COVERAGE					
2								VANDALISM & MALICIOUS MISCHIEF								
3		OTHER CONTENTS OF:														
										DEDUCTIBLE	ES					
4										\$	A	LL PERILS				
BUILDING MORTG	AGEE(S)					CONTENTS	LOSS PAY	'EE(S) (IF	APPL	CABLE)						
NAME: ADDRESS:																
IS PROPERTY FULLY OR I VACANT OR UNOCCUPIED YES NO	D?			PROPERLY BO	DARDED?	PURCHASE DATE PURCHASE PRICE					APPROX DWELLIN	IMATE IG AGE (YE)	ARS)			
IMP	ORTANT: IF PRO	PERTY IS VACANT,	ALSO SUBM	IT			BUI	LDING	c	ONTENTS		APPLICA	NT IS			
EXISTING DAMAGE TO		PPLICATION (FORM		ER (IF OTHER,		ESTIMATED FULL INSURABL VALUE OF PROF			s		-	OWNER O				
						TOTAL INSUR-	Ψ		Ψ			TENANT				
		SES IN LAST THREE	EYEARS			ANCE CARRIED	\$	202	\$							
	DATE & KINI)		AMOU	NT	OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)				AMOUNT		EXPIRA	TION			
2				\$ \$		4										
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 INSURE, OR CAUSE TO BE PRESENTED TO AN INSURENT, 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																
	IMPORT	ANT: I CERTIFY	ТО	THE BEST		RNISHED IN TH NOWLEDGE AN		ION IS TRU	JE AND	CORRECT						
SIGNATURE OF APPLICAN	NT	TITLE	(IF OTHER INDIVIDUA	LTHAN		DATE		NAME OF PERSON TO ACCOMPANY INSPECTOR			TELEPHONE # TO MAKE APPOINTMENT FOR INSPECTION					
SIGNATURE OF AGENCY	OFFICIAL						AGENCY CODE	5								
IS AGENCY INCORPO	RATED?	TIN#			I											
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ACORD	MARYL ESSEN	AND PROPE	ERTY IN	ISURAN ISURAN	CE AV. CE INS	AILABILIT	Y PROGR AND PLA		т			DATE				
TO: JOINT INSURAI 210 N CHARLES BALTIMORE, MAR (410) 539-6808 OI	ANCE MAY ND PAYME E PROPER SSOCIATIO	APPLICANT (BE OBTAINED 1 NT OF THE REQUI TY IS ELIGIBLE A N. THIS PROCEDL JNDER ACTIVE RE	THROUGH THE IRED PREMIUM T THE TIME OF JRE DOES NOT EHABILITATION		TION # _ #	PR ASSOCIATI	ION USE	ONLY								
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NAME	NAME						NAME									
MAILING ADDRESS		MAILING ADDRESS: NO STREET														
CITY, COUNTY	CITY, COUNTY STATE ZIP CODE															
IMPORTANT:	BE INS	URED		DING OV	VNER I	F OTHER	THAN	APPLICA	ANT							
IF PROPERTY LOCAT IN OCEAN CITY, ALSO SUBMIT SUPPLEMENT APPLICATION (FORM	TECTED LO	DCALITY) ADDRESS														
WITHIN 1000 FEET OF		RE HYDRANT?	YES	NO	PF	ROTECTED	SEMI-PROTE	ECTED	RURAL	PROTECTED	DTECTED UNPROTECTED					
ITEM AMOUNT OF # INSURANCE	CO INS			F PROPERTY	TO BE COV	/ERED	# OF FA	MILIES:		SEASONA		YES DESIRED	NO			
1		BUILDING - CO	NSTRUCT	ION						FIRE	T ENILO	DEGINED				
		HOUSEHOLD C	CONTENTS	;						_	TENDED COVERAGE					
2								VANDALISM & MALICIOUS MISCHIEF								
3		OTHER CONTENTS OF:														
										DEDUCTIBLE	ES					
4										\$	A	LL PERILS				
BUILDING MORTG	AGEE(S)					CONTENTS	LOSS PAY	'EE(S) (IF	APPL	CABLE)						
NAME: ADDRESS:																
IS PROPERTY FULLY OR I VACANT OR UNOCCUPIED YES NO	D?			PROPERLY BO	DARDED?	PURCHASE DATE PURCHASE PRICE					APPROX DWELLIN	IMATE IG AGE (YE)	ARS)			
IMP	ORTANT: IF PRO	PERTY IS VACANT,	ALSO SUBM	IT			BUI	LDING	c	ONTENTS		APPLICA	NT IS			
EXISTING DAMAGE TO		PPLICATION (FORM		ER (IF OTHER,		ESTIMATED FULL INSURABL VALUE OF PROF			s		-	OWNER O				
						TOTAL INSUR-	Ψ		Ψ			TENANT				
		SES IN LAST THREE	EYEARS			ANCE CARRIED	\$	202	\$							
	DATE & KINI)		AMOU	NT	OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)				AMOUNT		EXPIRA	TION			
2				\$ \$		4										
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 INSURE, OR CAUSE TO BE PRESENTED TO AN INSURENT, 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																
	IMPORT	ANT: I CERTIFY	ТО	THE BEST		RNISHED IN TH NOWLEDGE AN		ION IS TRU	JE AND	CORRECT						
SIGNATURE OF APPLICAN	NT	TITLE	(IF OTHER INDIVIDUA	LTHAN		DATE		NAME OF PERSON TO ACCOMPANY INSPECTOR			TELEPHONE # TO MAKE APPOINTMENT FOR INSPECTION					
SIGNATURE OF AGENCY	OFFICIAL						AGENCY CODE	5								
IS AGENCY INCORPO	RATED?	TIN#			I											
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ACORD 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					RANCE MAY ND PAYME IE PROPER	Y BE OBTAINED T NT OF THE REQUI TY IS ELIGIBLE AT N THIS PROCEDU	RED PREMIUM THE TIME OF RE DOES NOT	APPLICATION CONTROL #		SOCIATION	I USE ON	ILY				
(410) 539-6808 OR 1	-800-492-56	D70 APPLY T	O VACANT	PROPERTIES	, UNLESS (S UNDER ACTIVE REHABILITATION DATE RECEIVED										
APPLICANT (PLEASE	E PRINT C	OR TYPE)				PRODUCER										
NAME	NAME					NAME										
MAILING ADDRESS NO STREET						MAILING ADDRESS: NO STREET										
CITY, COUNTY		S	TATE ZIF	CODE		CITY, COUNTY				STATE	ZIP CO	DE				
IMPORTANT: LOCATION OF PROPERTY TO BE INS						URED	BUIL	DING OWN	ER IF O	THER TH	IAN AF	PPLICA	NT			
IF PROPERTY LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A	TECTED LO	NAME DCALITY) ADDRESS														
WITHIN 1000 FEET OF A		RE HYDRANT?	YES	NO	PF	ROTECTED	SEMI-PROTE	CTED F	RURAL PRC	TECTED	U	NPROTE	CTED			
ITEM AMOUNT OF # INSURANCE	CO INS	DES	CRIPTION O	F PROPERTY	TO BE COV	/ERED	# OF FAN	/ILIES:	SEA	SONAL?		YES	NO			
1		BUILDING - CON	ISTRUCTI	ON						PE	ERILS DE	SIRED				
		OCCUPIED AS								FIRE						
2																
		OTHER CONTER	NTS OF:]	VANDALIS	NDALISM & MALICIOUS MISCHIEF					
3																
4							UCTIBLES	.ES ALL PERILS								
BUILDING MORTGAG	GEE(S)					CONTENTS LOSS PAYEE(S) (IF APPLICABLE)										
NAME: ADDRESS:																
IS PROPERTY FULLY OR PAR VACANT OR UNOCCUPIED? YES NO	RTIALLY			PROPERLY BO	OARDED?	PURCHASE DATE PURCHASE PRICE					PROXIM/ /ELLING	ATE AGE (YE/	ARS)			
IMPORT	TANT: IF PRO	PERTY IS VACANT, A	LSO SUBM	п		BUILDING			CONT	<u> </u>	APPLICA	NT IS				
EXISTING DAMAGE TO P		PLICATION (FORM N ? NONE		R (IF OTHER,	, EXPLAIN)	ESTIMATED FULL INSURABLE VALUE OF PROP		5	\$				CCUPANT -OWNER			
						ANCE CARRIED				TENANT						
	IST ALL LOS	SES IN LAST THREE	YEARS	AMOU	NT	INCLUDING JIA OTHER INS	\$		<u> </u>							
4		·		\$		ON THIS PROPERTY (COMPANY)				AMOUNT EXPIRAT			TION			
2				<u>»</u> \$		-										
3				\$ \$		7										
INSTALLMENT Desired INSTALLMENT Desired Yes NO BEFFECTIVE DATE OF COVERAGE 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 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. INSTALLM HAS A * THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT INSURANCE TON IN NO WAY BINDS ANY COMPANY INSPECTION GT HIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSURANCE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION OR ACTION REPORTING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORTS, TO THE INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE OF MARYLAND, TO INSURERS AND THEIR AGENTS.										S AN LMENT MIUM						
	IMPORT	ANT: I CERTIFY T	HE ABOV	E INFORMA	TION FUE		S APPLICATI									
SIGNATURE OF APPLICANT		TITLE	(IF OTHER INDIVIDUA	THAN L)		DATE		NAME OF PERSON TO ACCOMPANY INSPECTOR			TELEPHONE # TO MAKE APPOINTMENT FOR INSPECTION					
SIGNATURE OF AGENCY OFF	ICIAL						AGENCY CODE									
		TIN#														
	7/07)															

ACORD MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM ESSENTIAL PROPERTY INSURANCE INSPECTION AND PLACEMENT												DATE			
TO: JOINT INSURANO 210 N CHARLES S BALTIMORE, MARYL	ST, SUITE 10 _AND 21201-	01 ASSOCI 4012 IN THE F	ATIVE BINDE	IMPORTANT N R OF INSUR REQUEST AN ANNER IF TH	ANCE MAY	APPLICANT / BE OBTAINED NT OF THE REQU TY IS ELIGIBLE A N. THIS PROCEDI	Through The Ired Premium T The Time of Ire does not	APPLICATIO	DN #		ON USE	ONLY			
(410) 539-6808 OR	1-800-492-5	D/U APPLY 1	O VACANT F	PROPERTIES.	, UNLESS (JNDER ACTIVE R	EHABILITATION								
APPLICANT (PLEAS		DR TYPE)				PRODUCER									
NAME						NAME									
MAILING ADDRESS N		MAILING ADDRESS: NO STREET													
CITY, COUNTY STATE ZIP CODE							CITY, COUNTY STATE ZIP CODE								
IMPORTANT: LOCATION OF PROPERTY TO BE INS						SURED BUILDING OWNER IF OTHER THAN APPLICANT									
IF PROPERTY LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTA APPLICATION (FORM 1,	FECTED LO	DCALITY) ADDRESS													
WITHIN 1000 FEET OF	A PUBLIC FI	RE HYDRANT?	YES	NO	PF	ROTECTED	SEMI-PROTE	ECTED	RURAL I	PROTECTED		UNPROTE	CTED		
ITEM AMOUNT OF # INSURANCE	CO INS	DES	CRIPTION OF	PROPERTY	TO BE COV	/ERED	# OF FA	MILIES:	5	SEASONAL		YES	NO		
1		BUILDING - COI	NSTRUCTIO	ON							PERILS	DESIRED			
		OCCUPIED AS HOUSEHOLD C	ONTENTS							FIRE					
2			0						-						
		OTHER CONTE	NTS OF:								ALISM & MALICIOUS MISCHIEF				
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4						DEDUCTIBL \$						ES ALL PERILS			
BUILDING MORTGA	GEE(S)					CONTENTS	LOSS PAY	′EE(S) (IF /	APPLIC	CABLE)					
NAME: ADDRESS:															
IS PROPERTY FULLY OR PA VACANT OR UNOCCUPIED?	ARTIALLY			ROPERLY BO NO	ARDED?	PURCHASE DATE PURCHASE PRICE			PRICE	APPROXIMATE DWELLING AGE (YEARS)			ARS)		
IMPOF	RTANT: IF PRO	PERTY IS VACANT,	ALSO SUBMI	т			BUI	LDING	CONTENTS			APPLICA	NT IS		
SUPP EXISTING DAMAGE TO		PLICATION (FORM NONE) R (IF OTHER,	EXPLAIN)	ESTIMATED FULL INSURABLE VALUE OF PROP \$ \$			\$			OWNER O			
			V=100			TOTAL INSUR-						TENANT			
	DATE & KIND	SES IN LAST THREE	YEARS	AMOU	NT	INCLUDING JIA \$ OTHER INSURANCE IN FORCE									
1	DATE & KIND	·	9			ON THIS PR	OPERTY (COM	PANY)	A	MOUNT		EXPIRA	TION		
2			9			1									
3			9												
INSTALLMENT Desired effective date of coverage yes NO Amount of persinum pain with application Documentation or statement or representation in or with reference to any application for insurance. The coverage Amount of persinum pain with application Amount of the coverage Amount of persinum pain with application Frequest is made with the coverage It is a frequest is applied with application of the coverage It is a frequent insurance act is a crime and many statement or representation in or with reference to any application or a written or or a claim and that is made with knowledge that the documentation or a coverage of the coverage Amount of persing the present an insure coverage It is a frequent that is made in support of a claim and that is made with knowledge that the documentation or a coverage of a claim and that is a crime and may subject and the coverage of the coverage									.A. S AN LMENT MIUM AN						
	IMPORT	ANT: I CERTIFY 1	THE ABOVE	INFORMA	TION FUR		IS APPLICAT								
SIGNATURE OF APPLICANT TITLE (IF OTHER THAN INDIVIDUAL)						DATE	NAME OF PERSON TO ACCOMPANY INSPECTOR			TELEPHONE # TO MAKE APPOINTMENT FOR INSPECT					
SIGNATURE OF AGENCY OF	FFICIAL						AGENCY CODE	E							
	ATED?	TIN#								<u> </u>					
		1													