INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA BASIC PROPERTY INSURANCE APPLICATION

530 WALNUT STREET, SUITE 1650, PHILADELPHIA, PA 19106-3698 (215) 629-8800 1-800-462-4972 FAX: (215) 409-9100

DATE

THIS APPLICATION IS NOT A BINDER WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY

FAC	T MATERIAL THE	RET	O COMMIT	ΓS A FR	AUDUL	ENT INSU	JRANCE /	ACT, W	HICH IS A	CRIME	AND SI	JΒ、	JECTS SL	JCH PE	RSONT	OCRIN	1INAL	. AND CIVII	. PE	NALTIE	S.	
1	APPLICANT'S NAME	NAI	ИE					·										SOCIAL	SEC	URITY#	OR TAX ID #	ŧ
2	APPLICANT IS:	a. b.		NER OCC		ATE DATE	OF DEATH		DLORD			TE	NANT					<u>'</u>				
		#		, •	STREE																	_
3	LOCATION OF	CIT	Y OR TOWN	IEUID							OUNTY								- 1	ZIP		_
	PROPERTY	CII	TORTOWN	ІЗПІР							OUNIT							PA	1	ZIP		
		#			STREE	 ≣Τ																T
4	APPLICANT'S MAILING											Τ.				TEI	FPH	ONE#(_
	ADDRESS	CIT	Ť							5	TATE	1	ZIP					(,			
		NAI	ИE					Ť.	ACCOUNT	#			MORTGAGEE			L	ENDERS OSS PAYAE	 81 F				
	LIENHOLDER NAME &		# STREET															LOSS PAYE	т —			_
	ADDRESS	#	# OTREET								CITY				ST			ZIF				
5	SECOND									ACCOUNT#						MORTGAG	EE		ENDERS OSS PAYAE	—— BLE		
	LIENHOLDER			STREE	PEET					CITY							LOSS PAYEE STATE ZIP				_	
	ADDRESS	"			JIKLI	, incl.					CITY							SIAIL	211			
6	NAME OF PERSON	INSP	ECTOR MA	Y CONTA	CT IN TI	IE LOCAL	AREA TO II	NSPECT	INTERIOR		DAY	TIM	E TELEPH	ONE#()							
	a. TYPE OF BUILDI	NG CO	ONSTRUCT	ION				b.	# FAMILIES		c. BUII	DIN	IG OCCUPI	FDAS								_
7		. TYPE OF BUILDING CONSTRUCTION b. # FAMILIES c. BUILDING OCCUPIED AS																				
8	a. HYDRANT WITH	IN 100	0 FEET?	FIRE	TATION	WITHIN 5	MILES?	b.	SEASONAL	.?			c. F	ARM?					d. (CONDON	IINIUM?	
_	ITEM YES	AMOU	NO NT OF		СО	ES	NO		PROPERTY	/ES	NOVERE				YES		1 6 C	R COVE	PF	YES	SES OF	
	# INSURANCE INS 1 BUILDING								FROFERIT	TOBLE	OVERE	_						SIRED (SI				
	2					HOUSEL	IOLD FURN	IISHINGS	3						10		1	E OR GROUP				
	3						SS PERSON										1	'ENDED CO\ IDALISM _{(N}				rtv)
9	4						CONTENTS											INKLER LEAF				
				_		OTTLEK	CONTENTS	(SFECII	1)													
	5 IS PROPERTY VAC	:ANT (OR LINOCCI	IPPIED (I	FULLYO	R PARTIA	I I Y) AND /	OR LIND	ER RENOV	ATIONS '	IF "YES	S" (COMPLETE	SUPPLE	MENTA	LOUEST	IONN	AIRE PDWV	.25/A	CORD 6	5 PA/DE/W\	,
11	YES		NO	(.			,,,	002								- 40-0.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
12	IS ANY PORTION OUNOCCUPIED OR	VAÇA	BUILDING NT DURING	EXPECT POLICY	ED TO B PERIOD	E	F "YES", WI	HEN?			IF	"YE	ES", HOW L	.ONG?			IF	"YES", WH	/ ?			
	ANY EXISTING PR	OPER	NO TY DAMAG	E? IF "YE	S", EXP	LAIN.																\dashv
13	YES		NO																			
14	ANY LOSSES WITH	IIN PA	\neg	ARS? IF	"YES", L	IST DATE,	KIND OF L	OSS, AN	D AMOUNT													
	YES		NO		а	. IF "YES",	ON CONTI	NUOUS E	ENCLOSED IXED LOCA	MASON	RY FOUN	IDA	TION?	COVERA	CE \	b. IF "	YES",	IS IT TIED D	OWN	?		_
	IS BUILDING A TRA	AILER	OR MOBILI	E HOME?	L		YES	NO)		ISNOTE	LIC	JIBEE FOR	COVERA	GL.)			YES		NO		
15	YES		NO		C	. IF "YES",	ARE WHEE							d. WILL			\neg	POLICY TE	RM?			
	MAKE					MODEL	YES	NO)	YEAR	SE	ERI	AL#		YE	S	_ N	0				_
											4.81		ATED ADD	TIONS			⊤ pp./	OF OF ADDITI	ON/O) OD IMD	OVEMENT	_
16	IF BUILDING CO				TED,	MONTH	YEAR		PRICE \$		AN'	Y L/	YES		N	Ю	\$	CE OF ADDITI	ON(S	OK IMP	KOVEMENT)
17	ESTIMATED I VALUE OF PF	ULL	INSURAE RTY	BLE (AC	TUALC	(ASH)	BUILDING \$			cc s	NTENTS	;										
10	a. APPROXIMA	TE YE	AR BUILT	k	. NUMB	ER OF STO	Ŧ	c. OUT	SIDE DIME		OF BUIL	DIN	IG (DO NOT	INCLUD	ELAND	DIMENSI	ONS)					
18	I .			1				1														

19	OTHER INSURA	ANCE IN FORCE	OMPANY		AMOUNT \$	EXPIRATION DATE								
	HAVE ANY UTILITIE	ES BEEN DISCONNECTED	AND/OR ACCOU	NT(S) UNPAID FOR 60 [DAYS OR MO	RE? IF "YES	S", COMPLETE SUF	, i	ESTIONNAII	RE, PDWV-2	5/ACORD 65 PA/DE/WV.			
20	YES ARE ANY TAXES LINE	NO PAID OR OVERDUE FOR 1 Y	FAR OR MORE?	IF "YES", TYPE OF TA	YES			Tu	F "YES". DA	TE DUE	IF "YES". AMOUNT DUE			
	YES	NO	LAK OK MOKE.		.XLO			"	120,04	TE DOL	\$			
21	ŕ	THE REASONS FOR THE I												
		T, MORTGAGEE, LOSS P									ONVICTED OF THE CRIME RD 65 PA/DE/WV.			
	b. ARE THERE ANY PDWV-25/ACORI	NO Y CURRENT VIOLATIONS D 65 PA/DE/WV.	OF FIRE SAFET	Y, HEALTH, BUILDING,	OR CONSTR	UCTION C	ODES AT THIS LO	CATION? IF "YES	", COMPLE	TE SUPPLEI	MENTAL QUESTIONNAIRE,			
00	YES THERE A CO	NO NO	VACATE OR DES	TROY THE DUILDING	OD HAS TH	E DUIL DIN	C DEEN OF ASSIST	IED AC HAHAHIADI	TABLE OD	ethuetun	ALLY UNCAFFO IF "VFC"			
22	COMPLETE SUPI	PLEMENTAL QUESTIONN	IAIRE, PDWV-25/A	CORD 65 PA/DE/WV.	OK HAS IH	E BUILDIN	G BEEN CLASSIFI	ED AS UNINHABI	TABLE OK	SIRUCIUR	ALLY UNSAFE? IF "YES",			
	YES NO													
	d. IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.													
		, OR ARE YOU (ON BEHAL	LF OF ALL INSUR	EDS), IN BANKRUPTCY	(? IF "YES", C	OMPLETE	SUPPLEMENTAL C	QUESTIONNAIRE, I	PDWV-25/A	CORD 65 PA	/DE/WV.			
23	YES	NO		**	IMPOR	ANT *	*							
	INSURANCE AND		F PREMIUMS.	I AGREE TO PAY							E APPLICATION FOR N AS A RESULT OF			
24	I UNDERSTAND AND AGREE THAT THE BROKER/PRODUCER OF RECORD NAMED ON THIS APPLICATION IS MY REPRESENTATIVE AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN. I ALSO UNDERSTAND THAT MY REPRESENTATIVE HAS NO AUTHORITY TO BIND THE FAIR PLAN IN ANY MANNER. THE COLLECTION, PAYMENT OR ACCEPTANCE OF MONEY BY MY REPRESENTATIVE DOES NOT CONSTITUTE PAYMENT TO THE FAIR PLAN AND DOES NOT MEAN COVERAGE IS IN FORCE. PAYMENT OF PREMIUMS MUST BE RECEIVED AT THE OFFICE OF THE PLAN.													
											THE APPROPRIATE			
		CONSIDERED IN FORCE G ANSWERS AND ST		N THE APPLICATIO	ON FOR IN	SURANC	E ARE COMPLE	ETE, TRUE AN	D CORRE	ECTLY RE	PORTED AS REPRE-			
	SENTATIONS AN WITNESS	D NOT WARRANTIES	ACT OF INSURA		CANTS)									
	×					X								
		TIFY THAT I AM A LICE	NSED PROPE	RTY INSURANCE:	BRO	<u>'</u>	AGENT	OF PA						
	TAX ID#			LICENSE#				EXPIRING						
25	RETURN PREM CERTIFIES THA	IUM DUE, I AGREE T	TO RETURN M NATED REPRE	IY PROPORTIONAT	TE SHARE	OF THE	COMMISSION (ON SUCH RET	URN PRE	MIUM. MY	DE RESULTING IN A SIGNATURE BELOW PLAN AND HAVE NO			
		ODUCER OF RECORD												
	X													
	NAME OF LICENSED	NAME (TYPE OR PRINT	- DO NOT STAMP	OR ATTACH STICKER)	ı				TELEPHO	NE#				
26	AGENT OR BROKER													
	ADDRESS	NO	STREET			CITY				STATE	ZIP			
REQUEST FOR IMMEDIATE COVERAGE APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED.														
	IMP	ORTANT: IMMEDIA	ATE COVERA		E PERMIT	TED.								
	INSER	RT DATE ONLY WH			IS REQU	STED.								
27	DESIRED EFFECTIV	VE DATE		GROSS PREMIUM SUB \$	MITTED									
		EFFECTIVE DATE WI ENT DATE. EARLIER			THE PLAN	AT NOON	N (EST)	(I	FOR OFFI	CE USE O	NLY)			

INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA BASIC PROPERTY INSURANCE APPLICATION

THIS APPLICATION IS NOT A BINDER

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

1	APPLICANT'S NAME	NAME															SOCIA	L SEC	URITY	# OR TAX	ID#
2	APPLICANT IS:	a	OWNER O		CATE DAT	E OF DEAT		IDLORD			TE	ENANT					I				
3	LOCATION OF PROPERTY	#	TOWNSHIP	STRE				COUNTY									PA		ZIP		
		#		STRE	ET													•			
4	APPLICANT'S MAILING ADDRESS	CITY							:	STATE		ZIP				TELEPH	EPHONE# ()				
	LIENHOLDER	NAME										ACCOUNT#					MORTGAGEE LENDER LOSS PA			S YABLE	
	NAME & ADDRESS	#		STRE	ET					CITY							STATE	ZI	P		
5	SECOND LIENHOLDER	NAME										ACCOUN	Т#				MORTGA LOSS PA			LENDER: LOSS PAY	S YABLE
	NAME & ADDRESS	#		STRE	EET				CITY							STATE	ZI	P			
6	NAME OF PERSON INSPECTOR MAY CONTACT IN THE LOCAL AREA TO INSPECT INTERIOR DAYTIME TELEPHONE # ()																				
7	a. TYPE OF BUILDING CONSTRUCTION b. # FAMILIES c. BUILDING OCCUPIED AS																				
8	a. HYDRANT WITHIN 1000 FEET? FIRE STATION WITHIN 5 MILES? BYES NO YES NO						b	b. SEASONAL? c. FARM?						YES		d. CONDOMIN NO YES				NO	
	# I	AMOUNT OF NSURANCE	<u> </u>	CO PROPERTY TO BE COVERED PERILS OR C																	
	2		BUILDING HOUSEHOLD FURNISHINGS 10									RE OR GRO				,					
	3							OPERTY OF									KTENDED CO ANDALISM				
9	4				OTHER	CONTENT	S (SPECI	IFY)							Ш	SP	PRINKLER LE	AKAGI	E (COM	MERCIAL C	ONLY)
	5																				
11	YES	ANT OR UN		D (FULLY (OR PARTI	ALLY) AND	OR UNI	DER RENOV	ATIONS	6? IF "YE	ES".	COMPLE	TE SUPPL	EMENTA	L QU	ESTION	NAIRE, PDW	V-25/	ACORD	65 PA/DE/	/WV.
12	IS ANY PORTION O UNOCCUPIED OR V		JRING POLIC			IF "YES", V	WHEN?			I	F"Y	ES", HOW	LONG?				IF "YES", WHY?				
13	ANY EXISTING PRO	OPERTY DA	MAGE? IF "	YES", EXP	PLAIN.																
14	ANY LOSSES WITH	IIN PAST FI		IF "YES", I	LIST DATI	E, KIND OF	LOSS, AN	ND AMOUNT	г.												
	YES	N	0	6	a. IF "YES (IF NOT	", ON CONT	TINUOUS MANENT I	ENCLOSED FIXED LOCA	MASON ATION, I	NRY FOU	JND.	ATION? GIBLE FO	R COVER	AGE.)	b.	IF "YES	", IS IT TIED	DOW	1?		
	IS BUILDING A TRA	AILER OR M		_	c. IF "YES	YES		MOVED?					d. WIL	LITBEN	/OVE	D DURIN	YES	_	NO		
15						YES	N	10	T					Y	ES		NO				
	MAKE				MODEL	-			YEAR	` S	SER	IAL#									
16	IF BUILDING CO			ESTED,	MONTH	YEAR	₹	PRICE \$				ATER AD			NO	PR \$	RICE OF ADDI	TION(S) OR IM	IPROVEME	NTS
17	ESTIMATED F VALUE OF PR	ULL INSU	JRABLE (A	CTUAL	CASH)	BUILDING \$	G		C \$	ONTENT	rs										
18	a. APPROXIMA	TE YEAR B	UILT	b. NUME	BER OF ST	ORIES	c. OU	ITSIDE DIME	NSIONS	S OF BUI	LDII	NG (DO NO	TINCLUD	E LAND	DIME	NSIONS	6)				

DATE

19	OTHER INSUR	ANCE IN FORCE	OMPANY					AMOUN		EXPIRATION DATE			
20		S BEEN DISCONNECTED	AND/OR ACCOUN	IT(S) UNPAID FOR 60 DA	YS OR MORE?	IF "YES", C	OMPLETE S	UPPLEMENTAL Q	JESTIONNAI	RE, PDWV-2	5/ACORD 65 PA/DE/WV.		
	YES	NO NO	EAD OD MODES	IC HVECH TVDE OF TAVE					IE IIVEOII DA	TE DUE	IF HVECH AMOUNT DUE		
	ARE ANY TAXES UNP	AID OR OVERDUE FOR 1 Y	EAR OR MORE?	IF "YES", TYPE OF TAXE	:5				IF "YES", DA	(IE DUE	IF "YES", AMOUNT DUE		
	YES	NO									\$		
21	IF "YES", EXPLAIN	THE REASONS FOR THE I	DELINQUENCY AN	D PROVIDE A COPY OF 1	THE BUDGET F	PLAN TO RE	PAY FROM 1	THE GOVERNMEN	TAL ENTITY.				
	a. HAS APPLICAN	T. MORTGAGEE. LOSS P	PAYEE OR ANY OT	THER PERSON HAVING	A FINANCIAL	INTEREST	IN THE PRO	OPERTY EVER BE	EN INDICTED	FOR OR C	ONVICTED OF THE CRIM		
		CRIME INVOLVING A PUR											
	YES	NO											
	b. ARE THERE ANY PDWV-25/ACORI	CURRENT VIOLATIONS	OF FIRE SAFETY	, HEALTH, BUILDING, OI	R CONSTRUC	TION CODE	S AT THIS L	OCATION? IF "YE	S", COMPLE	TE SUPPLE	MENTAL QUESTIONNAIRE		
	YES	NO											
22			VACATE OR DEST	TROY THE BUILDING OF	R HAS THE R	IIII DING BE	FEN CLASSI	IFIED AS LININHA	RITARI F OR	STRUCTUR	ALLY UNSAFE? IF "YES"		
	COMPLETE SUP	PLEMENTAL QUESTIONN	IAIRE, PDWV-25/AC	CORD 65 PA/DE/WV.	K HAO HIE D	OILDING DE	LLIN OLAGOI	II IED AO OMINIA	DITABLE OIL	OTHOOTON.	ALLI ONGALL. II TEG		
	YES	NO											
	120												
d. IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.													
	IS THIS PROPERTY	, OR ARE YOU (ON BEHAL	LF OF ALL INSURE	DS), IN BANKRUPTCY? I	F "YES". COM	PLETE SUPI	PLEMENTAL	QUESTIONNAIRE	. PDWV-25/A	CORD 65 PA	/DE/WV.		
23		,		,,	,				,				
	YES	NO		* * IN	<u>IPORTA</u>	NT * *							
	THE EAST OF AN	DOES NOT SUADS	E 4 0ED\#0E 4	00 INODEOTION FE	- 4 50110	IE 1001					- 400110471011 500		
											E APPLICATION FOR IN AS A RESULT OF		
		AND/OR DETERMINA				O		22					
											AND NOT AN AGENT		
											AN IN ANY MANNER. AIR PLAN AND DOES		
24		ERAGE IS IN FORCE.							ATIVICINI I	O THE FA	AIR FLAIN AIND DOES		
	I FURTHER UND	ERSTAND AND AGR	REE THAT ONL	Y UPON RECEIPT O	OF A PROP	ERLY CO	MPLETED	APPLICATION	. ACCOMP	ANIED BY	THE APPROPRIATE		
	PROVISIONAL P	REMIUM, AND ONL'	Y AFTER A TE								R COVERAGE, CAN		
		CONSIDERED IN FOR											
THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE AND CORRECTLY REPORTED SENTATIONS AND NOT WARRANTIES AND SHALL FORM THE BASIS FOR AND BE A PART OF ANY CONTRACT OF INSURANCE.									PORTED AS REPRE-				
	WITNESS	21101 111111111111111111111111111111111	71110 01111221 0	THE BROID FOR				ANT (ON BEHALF		ICANTS)			
										,			
	X					<							
		TIFY THAT I AM A LICE	NCED DDODED	TV INCLIDANCE.			4.0ENT	05.54					
	TAX ID#	IFY THAT TAM A LICE	:NSED PROPER	LICENSE#	BROKER	R	AGENT	OF PA EXPIRING					
	TAXID#			LICENSE#				LAFIRING					
											DE RESULTING IN A SIGNATURE BELOV		
25	CERTIFIES THA	T I AM THE DESIGN	NATED REPRES								PLAN AND HAVE NO		
		ACT AS SUCH ON ITS	S BEHALF.										
	SIGNATURE OF PR	ODUCER OF RECORD											
	X												
	NAME OF	NAME (TYPE OR PRINT	- DO NOT STAMP C	R ATTACH STICKER)					TELEPHO	NE#			
	LICENSED AGENT OR												
26	BROKER												
		NO	STREET			CITY				STATE	ZIP		
	ADDRESS												
		DECLIES	T FOR WAYE	NATE COVER A CE									
	APPLICATION	REQUES S WITH INSUFFICIE	-	DIATE COVERAGE		ID PETI IS	DNED						
	ALL EIGATION		<u> </u>	THE DE NEU	_V. LV AN	0							
	IMP	ORTANT: IMMEDIA	ATE COVERA	GE MAY NOT BE F	PERMITTE	D.							
			SEE INSTRUC										
	INSER	RT DATE ONLY WH	IEN IMMEDIA	TE COVERAGE IS	REQUES	TED.							
	DESIRED EFFECTIV	/F DATE	1.0	ROSS PREMIUM SUBMI	TTED								
27	DEGINED EFFECTIV	LUNIL											
			\$										
		EFFECTIVE DATE WI			IE PLAN AT	NOON (E	ST)						
OR A SUBSEQUENT DATE. EARLIER DATES NOT ACCEPTED.								(FOR OFFICE USE ONLY)					

INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA BASIC PROPERTY INSURANCE APPLICATION

THIS APPLICATION IS NOT A BINDER

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

1	APPLICANT'S NAME	NAME																	SOCIAL	SECL	JRITY #	OR TAX ID#
2	APPLICANT IS:	. —	VNER OCCU		E DATE O	E DEATH:	LANDI	LORD			TE	ENA	ANT									
_	LOCATION	#	77A1E, II OC	STREET	LDATEO	I DEATH.																
3	OF PROPERTY	CITY OR TOV	VNSHIP							COUNT	Υ								PA	Z	IP.	
	APPLICANT'S	#		STREET					'										1			
4	MAILING ADDRESS	CITY							:	STATE		ZIF	•				TE	LEPHO	ONE#()		
	LIENHOLDER	NAME									ACCOUNT#						MORTGAGEE LENDERS LOSS PAYE			LENDERS LOSS PAYABLE		
	NAME & ADDRESS	#		STREET						CITY									STATE	ZIP		
5	SECOND	NAME										AC	COUNT	#					MORTGAG			LENDERS LOSS PAYABLE
	LIENHOLDER NAME & ADDRESS	#		STREET						CITY									STATE	ZIP		
6	NAME OF PERSON INSPECTOR MAY CONTACT IN THE LOCAL AREA TO INSPECT INTERIOR DAYTIME TELEPHONE # ()																					
7	a. TYPE OF BUILDING CONSTRUCTION b. # FAMILIES c. BUILDING OCCUPIED AS																					
8	a. HYDRANT WITHIN 1000 FEET? FIRE STATION WITHIN 5 MILES?							EASONAL	.?				c. F	ARM?						d. C	ONDO	MINIUM?
	YES	MOUNT OF NSURANCE		YES CO NS	YES NO YES NO YES NO PERILS C								R COVE	RED	YES CA	USES OF						
	1			В	BUILDING							LOSS	٦	SIRED (SI E OR GROUP			RUCTIONS)					
	2						RNISHINGS						_ 1	0		EXT	TENDED COVERAGE OR GROUP II NDALISM (Not available on vacant propert					
9	3					PERSONA NTENTS (S									_							n vacant property) MERCIAL ONLY)
	5				THER CO	NIENIS (S	SPECIF	r)														
11	IS PROPERTY VAC	ANT OR UNOC	CUPPIED (F	ULLY OR F	PARTIALL	Y) AND / O	R UNDE	R RENOV	ATIONS	? IF "Y	ES".	. co	MPLETE	SUPPL	EMEN	TAL	QUEST	ΓΙΟΝΝ	AIRE, PDWV	-25/A	CORD	65 PA/DE/WV.
12	IS ANY PORTION O UNOCCUPIED OR V	F THE BUILDIN ACANT DURIN			IF "	YES", WHE	EN?				IF "Y	/ES	", HOW L	.ONG?				IF	IF "YES", WHY?			
13	ANY EXISTING PRO	PERTY DAMA	GE? IF "YE	S", EXPLAI	IN.																	
	ANY LOSSES WITH	IIN PAST FIVE	YEARS? IF "	YES", LIST	ΓDATE, KI	ND OF LOS	SS, AND	AMOUNT														
14	YES	NO		a. IF	"YES", OI	N CONTINU	JOUS E	NCLOSED	MASON	NRY FO	UND	ATI	ON?	COVER	405)		b. IF "	YES",	IS IT TIED D	OWN1	?	
	IS BUILDING A TRAILER OR MOBILE HOME? C. IF "YES", ON CONTINU (IF NOT AT A PERMAN YES YES						NO		TION, I	113 NO	1 ELI	IGIE	SLE FOR			- MO	VEDD	LIDING	YES POLICY TEI	_	10	
15	YES	NO		C. IF		ES ES	NO							G. WIL		YES	Г	N		XIVI ?		
	MAKE			М	IODEL				YEAR	2	SER	IAL	#									
16	16 IF BUILDING COVERAGE IS REQUESTED, GIVE PURCHASE INFORMATION YEAR					PRICE	1	A	NY L	LAT	YES			NO)	PRIC	PRICE OF ADDITION(S) OR IMPROVEMENTS \$					
17	ESTIMATED F VALUE OF PR	ULL INSUR/ OPERTY	ABLE (ACT	TUAL CAS	SH) BU	JILDING			C S	ONTEN	TS											
18	a. APPROXIMA	TE YEAR BUIL	T b	. NUMBER	7	IES	c. OUTS	SIDE DIME	Ψ.	S OF BU	IILDII	NG	(DO NOT	INCLU	DE LAN	ID DI	MENS	IONS)				

DATE

19	OTHER INSUR	ANCE IN FORCE	OMPANY					AMOUN		EXPIRATION DATE			
20		S BEEN DISCONNECTED	AND/OR ACCOUN	IT(S) UNPAID FOR 60 DA	YS OR MORE?	IF "YES", C	OMPLETE S	UPPLEMENTAL Q	JESTIONNAI	RE, PDWV-2	5/ACORD 65 PA/DE/WV.		
	YES	NO NO	EAD OD MODES	IC HVECH TVDE OF TAVE					IE IIVEOII DA	TE DUE	IF HVECH AMOUNT DUE		
	ARE ANY TAXES UNP	AID OR OVERDUE FOR 1 Y	EAR OR MORE?	IF "YES", TYPE OF TAXE	:5				IF "YES", DA	(IE DUE	IF "YES", AMOUNT DUE		
	YES	NO									\$		
21	IF "YES", EXPLAIN	THE REASONS FOR THE I	DELINQUENCY AN	D PROVIDE A COPY OF 1	THE BUDGET F	PLAN TO RE	PAY FROM 1	THE GOVERNMEN	TAL ENTITY.				
	a. HAS APPLICAN	T. MORTGAGEE. LOSS P	PAYEE OR ANY OT	THER PERSON HAVING	A FINANCIAL	INTEREST	IN THE PRO	OPERTY EVER BE	EN INDICTED	FOR OR C	ONVICTED OF THE CRIM		
		CRIME INVOLVING A PUR											
	YES	NO											
	b. ARE THERE ANY PDWV-25/ACORI	CURRENT VIOLATIONS	OF FIRE SAFETY	, HEALTH, BUILDING, OI	R CONSTRUC	TION CODE	S AT THIS L	OCATION? IF "YE	S", COMPLE	TE SUPPLE	MENTAL QUESTIONNAIRE		
	YES	NO											
22			VACATE OR DEST	TROY THE BUILDING OF	R HAS THE R	IIII DING BE	FEN CLASSI	IFIED AS LININHA	RITARI F OR	STRUCTUR	ALLY UNSAFE? IF "YES"		
	COMPLETE SUP	PLEMENTAL QUESTIONN	IAIRE, PDWV-25/AC	CORD 65 PA/DE/WV.	K HAO HIE D	OILDING DE	LLIN OLAGOI	II IED AO OMINIA	DITABLE OIL	OTHOOTON.	ALLI ONGALL. II TEG		
	YES	NO											
	120												
d. IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.													
	IS THIS PROPERTY	, OR ARE YOU (ON BEHAL	LF OF ALL INSURE	DS), IN BANKRUPTCY? I	F "YES". COM	PLETE SUPI	PLEMENTAL	QUESTIONNAIRE	. PDWV-25/A	CORD 65 PA	/DE/WV.		
23		,		,,	,				,				
	YES	NO		* * IN	<u>IPORTA</u>	NT * *							
	THE EAST OF AN	DOES NOT SUADS	E 4 0ED\#0E 4	00 INODEOTION FE	- 4 50110	IE 1001					- 400110471011 500		
											E APPLICATION FOR IN AS A RESULT OF		
		AND/OR DETERMINA				O		22					
											AND NOT AN AGENT		
											AN IN ANY MANNER. AIR PLAN AND DOES		
24		ERAGE IS IN FORCE.							ATIVICINI I	O THE FA	AIR FLAIN AIND DOES		
	I FURTHER UND	ERSTAND AND AGR	REE THAT ONL	Y UPON RECEIPT O	OF A PROP	ERLY CO	MPLETED	APPLICATION	. ACCOMP	ANIED BY	THE APPROPRIATE		
	PROVISIONAL P	REMIUM, AND ONL'	Y AFTER A TE								R COVERAGE, CAN		
		CONSIDERED IN FOR											
THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE AND CORRECTLY REPORTED SENTATIONS AND NOT WARRANTIES AND SHALL FORM THE BASIS FOR AND BE A PART OF ANY CONTRACT OF INSURANCE.									PORTED AS REPRE-				
	WITNESS	21101 111111111111111111111111111111111	71110 01171221 0	THE BROID FOR				ANT (ON BEHALF		ICANTS)			
										,			
	X					<							
		TIFY THAT I AM A LICE	NCED DDODED	TV INCLIDANCE.			4.0ENT	05.54					
	TAX ID#	IFY THAT TAM A LICE	:NSED PROPER	LICENSE#	BROKER	R	AGENT	OF PA EXPIRING					
	TAXID#			LICENSE#				LAFIRING					
											DE RESULTING IN A SIGNATURE BELOV		
25	CERTIFIES THA	T I AM THE DESIGN	NATED REPRES								PLAN AND HAVE NO		
		ACT AS SUCH ON ITS	S BEHALF.										
	SIGNATURE OF PR	ODUCER OF RECORD											
	X												
	NAME OF	NAME (TYPE OR PRINT	- DO NOT STAMP C	R ATTACH STICKER)					TELEPHO	NE#			
	LICENSED AGENT OR												
26	BROKER												
		NO	STREET			CITY				STATE	ZIP		
	ADDRESS												
		DECLIES	T FOR WAYE	NATE COVER A CE									
	APPLICATION	REQUES S WITH INSUFFICIE	-	DIATE COVERAGE		ID PETI IS	DNED						
	ALL EIGATION		<u> </u>	THE DE NEU	_V. LV AN	0							
	IMP	ORTANT: IMMEDIA	ATE COVERA	GE MAY NOT BE F	PERMITTE	D.							
			SEE INSTRUC										
	INSER	RT DATE ONLY WH	IEN IMMEDIA	TE COVERAGE IS	REQUES	TED.							
	DESIRED EFFECTIV	/F DATE	1.0	ROSS PREMIUM SUBMI	TTED								
27	DEGINED EFFECTIV	LUNIL											
			\$										
		EFFECTIVE DATE WI			IE PLAN AT	NOON (E	ST)						
OR A SUBSEQUENT DATE. EARLIER DATES NOT ACCEPTED.								(FOR OFFICE USE ONLY)					

INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA BASIC PROPERTY INSURANCE APPLICATION

*** INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSURANCE ***

TO COMPLETE, PRINT AND PRESS FIRMLY WITH BALL POINT PEN OR TYPEWRITE

EACH SECTION IS NUMBERED TO ASSIST YOU IN PROPERLY COMPLETING THE APPLICATION INCOMPLETE APPLICATIONS INCLUDING THOSE WITH INSUFFICIENT PREMIUM WILL NOT BE PROCESSED AND WILL BE RETURNED

SECTION 1: APPLICANT'S NAME

*Provide first name, middle initial and last name of each applicant. If an estate, provide the name of the estate and the executor or administrator of the estate.

If a corporation or other fictitious entity, provide the full name.

Provide applicant's social security number, or if applicable, applicant's tax I.D. number.

*(No initials can be accepted, full legal name required.)

SECTION 2: APPLICANT'S INTEREST

- a. Indicate applicant's interest in the appropriate block.
- b. Check block if part of an estate. If so, indicate date of death.

SECTION 3: LOCATION OF PROPERTY

Provide all information as requested in the spaces provided including the ZIP code. If outside the boundaries of an incorporated town, the township <u>MUST</u> be included in the location. Rural mailing addresses or Postal Box numbers are not acceptable. If no specific location is possible, Address Location Questionnaire (PDFP86) should be provided. Separate applications must be submitted for each fire division.

SECTION 4: APPLICANT'S MAILING ADDRESS AND TELEPHONE NUMBER

If different from the location of the property to be insured, provide all information requested including ZIP code in the spaces shown. If the same as the property to be insured, write the word "Same" in each space.

Provide the applicant's daytime telephone number.

SECTION 5: LIENHOLDER

Provide name, applicable loan/account number and the mailing address, including the ZIP code, of the mortgagee, loss payee, or lenders loss payee and check the applicable block. If the entity listed is other than a recognized lending institution, proof of that interest must accompany the application. If the entity listed is a lender loss payee, a copy of the applicable security agreement must be submitted. If no entity is to be shown, insert the word "none."

SECTION 6: NAME OF PERSON INSPECTOR MAY CONTACT

Provide the name and telephone number of the person in the local area who can be contacted during normal business hours to arrange for an interior inspection of the property described under SECTION 3.

SECTION 7: DESCRIPTION OF PROPERTY

- a. Provide basic construction such as frame, brick, masonry or fire resistive.
- b. Provide the number of families.
- c. Describe all occupancies in full.

SECTION 8: CHECK APPLICABLE BLOCKS

- a. Respond to the questions.
- b. For purposes of this application, seasonal occupancy is defined as that property with continuous unoccupancy of three of more consecutive months during any one year period.
- c. For purposes of this application, farm property is defined as all buildings and their contents, whether occupied by the owner or by an employee or by a tenant, located on or used in connection with land devoted to any one or more of the following purposes:
 - 1. Cultivation of the soil,
 - 2. Rearing or keeping live stock,
 - 3. Producing fruit, grain, vegetables, poultry, hay or other produce

for commercial or business purposes.

d. Respond to the question.

SECTION 9: COVERAGE AMOUNTS REQUESTED

Complete this section by inserting the amount of insurance desired onto the appropriate line. Line 3, Business Personal Property includes furniture and fixtures, machinery and improvements and betterments. If insurance on all Business Personal Property is not desired, use Line 4 and specify whether stock or furniture and fixtures or machinery and improvements or customers goods are to be covered. It is also important to identify on Lines 3 and 4, the nature of Business Personal Property involved. Do not combine Household Furnishings with Business Personal Property. Use Line 2 to insure Household Furnishings of owner occupied premises and Line 5 to apply for insurance on Landlord's Household Furnishings in tenant occupied residences or apartments.

Refer to FAIR Plan General Rules for maximum amounts as limited by occupancy, construction and protection.

SECTION 10: PERILS OR COVERED CAUSES OF LOSS DESIRED MEAN:

NAME OF BLOCK	PERILS UNDER DWELLING POLICY	CAUSES OF LOSS COMMERCIAL POLICY
FIRE OR GROUP 1 PERILS	Fire, Lightning, Internal Explosion	Fire, Lightning, Explosion
EXTENDED COVERAGE OR GROUP II	Windstorm or Hail, Explosion, Riot or Civil Commotion; Damage by Aircraft or Vehicles, Smoke, and Volcanic Eruption	Same as Dwelling Policy plus Sinkhole Collapse
VANDALISM	Vandalism or Malicious Mischief	Same as Dwelling Policy
SPRINKLER LEAKAGE	Not covered	Leakage of Sprinklers within the Building

Vandalism & Sprinkler Leakage Coverages cannot be purchased without Extended Coverage or Group II.

SECTION 11: RESPOND TO THE QUESTION.

If answered "YES" attach a completed Supplementary Questionnaire (PDWV-25/ACORD 65 PA/DE/WV), signed by the applicant, together with copies of pertinent contracts.

SECTION 12: SECTION 13: SECTION 14: SECTION 15:

RESPOND TO THE QUESTIONS.

If additional space is needed, attach a separate sheet.

SECTION 16:

PROVIDE COMPLETE INFORMATION AS REQUESTED.

SECTION 17: **SECTION 18:** "Actual Cash Value" means the cost to repair or replace the property less deductions for

physical deterioration, depreciation and obsolescence.

SECTION 19: OTHER INSURANCE IN FORCE

Provide name of each company, amount of insurance and expiration date of other fire insurance on this property. If additional space is needed, attach a separate sheet. Note FAIR Plan does not write Excess Insurance but if applying for primary insurance, be sure to identify other insurance as excess.

SECTION 20: SECTION 22: SECTION 23:

RESPOND TO THE QUESTIONS. IMMEDIATE COVERAGE IS NOT AVAILABLE

If the answer is "YES" under any of these, attach a Supplementary Questionnaire (PDWV-25/ACORD 65 PA/DE/WV), signed by the applicant, giving a full explanation in the space provided OR in a separate letter, signed by the insured giving a full explanation

RESPOND TO THE QUESTION. IMMEDIATE COVERAGE MAY NOT BE AVAILABLE IF THE ANSWER SECTION 21: IS YES.

SECTION 24: APPLICANT'S SIGNATURE IS REQUIRED AND MUST BE WITNESSED.

"Signature of Applicant."
For example:

ABC Corporation

Signature of Applicant (on behalf of all applicants)

If the applicant is an estate, the application must be signed by the executor or administrator.

For example:

Estate of John Jones, Deceased

If the applicant is a "fictious entity", this section is to be completed by providing the name of the applicant above the signature line and providing the signature and title of the applicant's authorized representative on the line designated

Signature of Applicant (on behalf of all applicants)

Exec.

SECTION 25: PROVIDE COMPLETE INFORMATION AS REQUESTED AND SIGN.

This area must be *personally signed* by a licensed insurance agent or broker, if application is being submitted through the office of an insurance producer. Type or print clearly the Tax I.D. Number.

SECTION 26: PRODUCER OF RECORD

Type or print clearly the name, address and telephone number of the producer. If there is no producer, print "NONE" across this area.

SECTION 27: REQUEST FOR IMMEDIATE COVERAGE

To be completed only when Immediate Coverage is desired and permitted. See Instructions on reverse side of last copy of application.

Upon completion of the application, remove instruction sheet and retain a copy for your records. Submit two copies (including the original) of the application together with any required documentation and remittance, if applicable to the FAIR Plan office:

530 Walnut Street, Suite 1650 Philadelphia, PA 19106-3698

FOR FURTHER INFORMATION OR ASSISTANCE IN COMPLETING THE ATTACHED APPLICATION, CONTACT THE FAIR PLAN OFFICE:

PHILADELPHIA, PA. 215-629-8800 -- FAX 215-409-9100 TOLL FREE 800-462-4972 We Do Not Accept FAX of Applications or Checks

IMMEDIATE COVERAGE INFORMATION APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED

PROVISIONAL RATE / PREMIUM

DWELLINGS, MOBILE HOMES AND HOUSEHOLD CONTENTS IN USE.

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures. Subject to minimum premiums.

ALL OTHER CLASS RATED AND SCHEDULE RATED RISKS (COMMERCIAL BUSINESS)

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures for Commercial Business. Subject to minimum premiums.

NOTE: All Checks and /or money orders shall be made payable to "PA FAIR PLAN". The total premium must accompany this request.

Call TOLL FREE 1- (800) 462-4972, (press 1 for customer service) for the current information.

The FAIR Plan does not automatically accept binding premium checks. Please refer to Pennsylvania FAIR Plan General Rules-Manual of Procedures for those properties ineligible for immediate coverage.

Upon receipt of a properly completed application accompanied by the appropriate provisional premium, and upon tentative determination by the Plan that the risk is eligible for coverage in the Plan, a one year policy will be issued subject to confirmation of eligibility, insurability and promulgation of final rates. Vacant property or those properties/titleholders involved in bankruptcy proceedings, as well as any other property wherein the FAIR Plan General Rules indicate that an inspection or additional underwriting information may be necessary prior to a decision on acceptance of coverage, are not eligible for immediate coverage

Coverage will become effective at Noon (Eastern Standard Time) on the day that the premium is received in the office of the Plan, unless a subsequent date is requested by the applicant or his/her representative. An application or premium shall be considered received only upon actual delivery on a normal business day and during normal business hours of the FAIR Plan at the office of the Plan. An application or premium which arrives at the office of the Plan on Saturday, Sunday, holiday, and/or after the close of business shall not be considered received until the next normal business day thereafter.

When it is determined, after inspection, that the property is eligible and insurable, the final policy rates will be promulgated and the policy premium will be adjusted from the inception date of the policy. When it is determined, after inspection, that the property is uninsurable due to conditions, the Plan will issue a declination to the insured and his representative. The declination will specify the reason(s) for uninsurability and include a copy of the inspection report. The Plan may, at its discretion, allow a period of time for the correction of the condition(s). Failure to notify the Plan in writing within that period of time of the condition(s) being corrected may result in policy cancellation.

IMPORTANT NOTICE

Inspection(s) made under the Program and any report of the inspection(s) are for property insurance underwriting purposes only. Regardless of whether a policy is issued, the FAIR Plan and any inspection agency which may from time to time be employed or designated by the FAIR Plan to inspect, determine and report the condition of properties will not be liable for any injury or damage claimed to arise from the inspection or any subsequent report of the physical conditions of the premises, from related activities, or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in such report(s).

APPEAL PROCEDURE

An applicant or insured may appeal for reconsideration if insurance is denied or cancelled by the FAIR Plan, within (30) days after the ruling, by submitting the appeal in writing and setting forth the basis for such appeal. If such appeal is denied by the FAIR Plan, it may be further appealed to the Insurance Commissioner within (30) days.