



**MINNESOTA FAIR PLAN  
HOMEOWNERS APPLICATION  
HO 6 CONDO UNIT OWNERS COVERAGE**

MINNESOTA FAIR PLAN 800-524-1640  
1201 Marquette Ave., Suite 310 612-338-7584  
Minneapolis, MN 55403 FAX: 612-338-4543

Incomplete applications will be rejected and returned for resubmission. No Agency checks please. Please answer all questions unless indicated as optional or for office use. The FAIR Plan provides only non-replacement cost (ACV) insurance. Applications for coverage should not be made through the FAIR Plan unless coverage is not available from a private insurer. Applications must include payment naming MN FAIR Plan as payee. Coverage can be placed in force no earlier than 12:01 A.M., the day following the receipt of the initial premium payment and application. Property must be owner occupied. No one other than the owner-occupant may apply for coverage. Buildings under construction, Seasonal properties and Farm properties do not qualify for Homeowners coverage, use a Dwelling Fire application.

PRODUCER NAME AGENCY NAME AGENCY ADDRESS   TELEPHONE  E-Mail Address (Optional)	APPLICANT'S NAME 1. APPLICANT'S NAME 2. APPLICANT'S ADDRESS  COUNTY DAY PHONE # EVENING PHONE # E-Mail Address (optional)	EFFECTIVE DATE  FOR OFFICE USE ONLY   Best time to call: <input type="checkbox"/> AM <input type="checkbox"/> PM
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**LOCATION OF PROPERTY TO BE INSURED (must be physical address)**

Street Address, City, Zip Code	County:
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**ATTACHMENTS (check box)**

<input type="checkbox"/> Initial Premium Payment: \$100.00. If the initial premium payment is not included, the application will be rejected and returned for resubmission. We cannot accept third party checks, or checks drawn on an agency account.	If Coverage "A" exceeds \$10,000: <input type="checkbox"/> Photographs of the front and rear of each structure to be insured must be submitted with the application. If photos are not included, the application will be rejected and returned for resubmission.  <input type="checkbox"/> Building Valuation Worksheet from the MN FAIR Plan / MSB website required based on total square footage of building times % of condo area. If Worksheet is not included, application will be rejected and returned for resubmission.
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**COVERAGES/LIMITS OF LIABILITY This is non-replacement (Actual Cash Value) coverage.**

BASIC COVERAGES	LIMIT OF LIABILITY	
DWELLING COVERAGE A	\$	MUST EQUAL THE ACTUAL CASH VALUE OF THE UNIT OWNERS RESPONSIBILITY
OTHER STRUCTURES COVERAGE B	\$	OPTIONAL LIMITS AVAILABLE IN \$1,000 INCREMENTS FOR COVG B.
PERSONAL PROPERTY COVERAGE C	\$	
LOSS OF USE COVERAGE D	\$	20% of Coverage C
PERSONAL LIABILITY (Each Occurrence)	\$ 100,000	Maximum Personal Liability limit available
MEDICAL PAYMENTS (Each Person)	\$ 1,000	Maximum Medical Payments limit available

**ENDORSEMENTS (check box if desired)**

<input type="checkbox"/> HOME DAYCARE LIABILITY	\$ 250,000	Maximum Limit available. (Not to exceed three children)
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**CONSTRUCTION TYPE (check box)**

<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER (explain) _____	YEAR BUILT _____	HYDRANT WITHIN 1000 FEET ? <input type="checkbox"/> YES <input type="checkbox"/> NO MILES TO FIRE DEPARTMENT _____ NAME OF RESPONDING DEPARTMENT _____ # OF UNITS _____ TOTAL AREA (sq ft) _____ # OF STORIES _____
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**DEDUCTIBLE (check box)**

 \$500  
 \$1,000  
 \$2,500

**BILL TO (check box)**

INSURED <input type="checkbox"/>	complete additional interest section
MORTGAGEE (full pay only) <input type="checkbox"/>	complete additional interest section
CD HOLDER <input type="checkbox"/>	complete additional interest section
OTHER <input type="checkbox"/>	complete additional interest section

**PAYMENT PLAN (check box)**

 FULL PAY  
 TWO PAY  
 THREE PAY  
 FOUR PAY

**ADDITIONAL INTERESTS (Please list "Bill to" party in the first space if mortgagee billed)**

<input type="checkbox"/> MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/> CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/> ADDITIONAL INSURED		
<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/> CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/> ADDITIONAL INSURED		
<input type="checkbox"/> LOSS PAYEE		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	REMARKS
1. Any business conducted on premises (not including home day care)? If yes, does public come to home? If so, submit Dwelling Application.			
2. Have you applied to the FAIR Plan for insurance on this property in the last 12 months?			
3. Is this property in foreclosure?			
4. Is there insurance on this property obtained by your association?			
5. Is there any unrepaired damage to this property, any uncorrected code violations, or outstanding repair orders for this property?			
6. Do you have any animals?			
7. During the last ten (10) years, have you or any member of your household been convicted of any degree of the crime of arson or fraud?			
8. Is this property undergoing restoration or rehabilitation?			
9. Is this property condemned or uninhabitable?			
10. Is property currently being purchased, or was it purchased in the past five (5) years? If yes, Purchase Date: _____ Purchase Price: _____			
11. Is there a swimming pool on premises?			

**APPLICANT'S LOSS HISTORY** (List all claims submitted by this applicant on any property in the past five (5) years. Attach separate sheet if necessary.)

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

**MN LAW REQUIRES THAT PRIOR TO APPLYING FOR COVERAGE THROUGH THE FAIR PLAN, THE APPLICANT MUST BE UNABLE TO SECURE INSURANCE IN THE VOLUNTARY MARKET. YOU MUST COMPLETE BOTH SECTION A AND SECTION B. IF THE APPLICANT HAS NOT BEEN CANCELLED OR NON-RENEWED, SELECT N/A.**

**SECTION A**

APPLICATION SUBMITTED TO (Company Name)	REASON FOR REJECTION/INELIGIBILITY
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**SECTION B**

CANCELLED/NON-RENEWED BY (Company Name)	REASON FOR CANCELLATION OR NON-RENEWAL
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**IMPORTANT NOTICE**

**MN LAW STATES THAT A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD, OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.**

**APPLICANT'S CERTIFICATION**

I (We) understand:

- That an inspection may be made of this property, but this inspection in no way binds the FAIR Plan to afford insurance on the described property.
- That the FAIR Plan or its representative shall not be liable for any injury or damage claimed to arise from the inspection(s).
- Any concealment or misrepresentation of a material fact or circumstance relative to this insurance may void the policy.

I (We) certify that:

- I (we) have an insurable interest in the property.
- All information contained in or provided with this application is true and correct to the best of my (our) knowledge.
- The Insurance Agent listed below represents me (us) and not the MN FAIR Plan.

I (We) authorize the MN FAIR Plan to:

Share my (our) name, claims and policy information with private insurers for the sole purpose of placement of my (our) insurance coverage in the voluntary insurance market. This authorization will remain in effect as long as I (we) remain policyholder(s) of the MN FAIR Plan.

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

**PRODUCER'S CERTIFICATION**

I certify that I am licensed to write property insurance in the State of Minnesota and that I have been unable to place this risk in the voluntary insurance market. I understand that I do not have binding authority with the Fair Plan. I also understand that I represent the insured, and am not a representative of the MN Fair Plan.

DATE AGENT INSPECTED PROPERTY: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Tax ID# or SSN#: \_\_\_\_\_