

SEND FAIR PLAN COPY TO FAIR PLAN AND PRODUCER RETAIN PRODUCER COPY

APPLICATION CHECKLIST

ON ALL APPLICATIONS

1. Give the applicant's mailing address (Section 3) and the address of the property to be insured (Section 6).
2. Complete prior insurance information (Sections 9.A, 9.B). Note: Duplicate insurance is not permitted.
3. Answer all questions on property damage losses (Sections 10.A, 10.B). If answering "Yes" to 10.A, complete Section 16 (regardless of the date or cause of loss). If there is existing damage, attach a copy of the contract for repairs from a licensed contractor, signed by both the applicant and contractor. If answering "Yes" to 10.B, attach a letter of explanation as condemned or uninhabitable properties are generally not eligible for coverage.
4. To request Replacement Cost coverage, attach a completed Optional Replacement Cost Addendum (Form CFP-RCA-2). This form can be downloaded from the FAIR Plan web site (www.cfpnet.com).
5. For Vacant or Unoccupied property (Dwelling or Commercial) complete Sections 15.A to 15.D. There are coverage restrictions/exclusions in the policy for buildings which are vacant or unoccupied. A FAIR Plan Vacancy Permit Endorsement (Section 15.C) is necessary to provide coverage for Vandalism and Malicious Mischief.
6. For dwelling or commercial property in the Course of Construction or undergoing a significant remodel/renovation, complete Sections 5 and 17. If insuring multiple buildings at one location, provide a diagram showing the distance between each building. Coverage must be written for 100% of the completed value. There is a 100% coinsurance requirement. The policy will be written on a commercial Standard Property Policy form and include Builder's Risk Endorsement CP 1199.

ON DWELLING APPLICATIONS

1. A Dwelling policy may be issued to insure:
 - A building used exclusively for dwelling purposes (other than Course of Construction) with not more than four (4) apartments and with no more than five (5) roomers or boarders in total, including trailer homes or mobile homes used exclusively for dwelling purposes at a fixed location. Trailer or mobile homes are not eligible for Replacement Cost Coverage.
 - Household and personal property in an apartment, condominium, or private living quarters of an applicant (Section 4.B). (Not eligible for Replacement Cost coverage.)
2. Complete a separate application for each dwelling. Note: A guest house or any other building on the property with cooking facilities requires a separate application and can not be insured as an "Other Structure."
3. Describe any other structures in Section 4.A.1 and provide a value for each structure for which specific coverage is required. Attach a schedule, if necessary. "Other Structures" denotes structures other than the dwelling that are not attached to it, such as an unattached garage, tool shed, pool house, swimming pool, fence, gazebo, walkway, etc. A separate amount of insurance may be needed for these items to ensure adequate insurance coverage. These structures are not eligible for insurance under the dwelling program if they are used in whole or in part for commercial, manufacturing, or farming purposes, or if they are rented to a person who is not a tenant of the dwelling.
4. Check one (and only one) box in the dwelling occupancy section (Section 4.A.5).
5. The standard deductible is \$250.00. However, rate credits for both structure and contents are provided if a higher deductible is requested. Contact the FAIR Plan or your insurance advisor for more information on rate credits.

ON COMMERCIAL APPLICATIONS

1. List all commercial occupancies. If habitational over four (4) units, list the number of units or occupants.
2. Indicate which commercial building or structure (if insuring more than one) and occupancy contains the business personal property to be covered.
3. To insure additional buildings or structures, and/or business personal property:
 - a. Multiple buildings or structures at the same location (e.g. garage, storage building, etc.)
 - Attach a schedule to the application showing the amount of insurance and description/occupancy of each building/structure and/or business personal property to be insured.
 - b. Buildings or structures at different locations
 - If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for each location address.

THIS IS NOT A COMPLETE LIST. BE SURE YOU HAVE COMPLETED ALL APPLICABLE SECTIONS BEFORE SUBMITTING YOUR APPLICATION.

COVERAGES AVAILABLE

A. Dwelling Property Policy

1. Standard Coverages
 - a. Fire and lightning.
 - b. Extended Coverage (ECE): includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles, Smoke and Volcanic Eruption.
 - c. Vandalism or Malicious Mischief (VMM). Only available if policy includes ECE.
2. Optional Coverages Available
 - a. Replacement Cost: An "Optional Replacement Cost Addendum", Form CFP-RCA-2 must be submitted to determine eligibility (form available at www.cfpnet.com).
 - b. Building Code Upgrade and Increased Cost of Construction coverages are available with Replacement Cost coverage.
 - c. Other Optional Coverages that can be scheduled on a policy include: Plants, Shrubs and Trees; Fences; Awnings; Outdoor Radio and TV Equipment; Signs; Building Improvements, Additions and Alterations.
 - d. Earthquake Coverage: Available through the California Earthquake Authority (CEA) as a separate policy. Submit separate CEA application (available at www.cfpnet.com).

B. Commercial Standard Property Policy

1. Standard Coverages
 - a. Fire and lightning.
 - b. Extended Coverage (ECE): includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles, Smoke and Volcanic Eruption.
 - c. Vandalism or Malicious Mischief (VMM).
2. Optional Coverages Available
 - a. Replacement Cost: An "Optional Replacement Cost Addendum", Form CFP-RCA-2 must be submitted to determine eligibility.
 - b. Sprinkler Leakage (if risk qualifies).
 - c. Business Income and Extra Expense Coverage Form. "Property Application Addendum For Business Income and Extra Expense" (Form CFP BI/EE) must be submitted (form available at www.cfpnet.com).

**CALIFORNIA FAIR PLAN PROPERTY INSURANCE
APPLICATION FOR PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

California FAIR Plan Property Insurance
3435 Wilshire Blvd., Suite 1200
P.O. Box 76924
Los Angeles, CA 90076-0924
Telephone: (213) 487-0111

THIS DOES NOT CONSTITUTE A BINDER. DO NOT SEND ANY REMITTANCE WITH APPLICATION.
IMPORTANT: THIS APPLICATION WILL BE THE BASIS FOR POLICY ISSUANCE AND ACCEPTANCE OR REJECTION OF COVERAGE. IT WILL BE THE RESPONSIBILITY OF THE PRODUCER AND APPLICANT TO SEE TO IT THAT THE INFORMATION SUBMITTED IS IN ALL RESPECTS ACCURATE. INSPECTIONS WHERE MADE ARE FOR THE PURPOSE OF DETERMINING THE PHYSICAL CONDITION OF THE PROPERTY.
ALL APPLICABLE SECTIONS MUST BE COMPLETED.

1. APPLICANT (MUST BE LEGAL OWNER(S) AND/OR RECORDED TITLE HOLDER(S) OF PROPERTY) FIRST MIDDLE LAST 3. MAILING ADDRESS OF APPLICANT NO. STREET CITY COUNTY STATE ZIP	2. PRODUCER'S NAME AND ADDRESS 2.A TELEPHONE # 2.B LICENSE # IRS OR SOC SEC #
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4. Complete Section 4.A or 4.B (check only one)	<input type="checkbox"/> DWELLING	<input type="checkbox"/> MOBILE HOME	Deductible Requested	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
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4.A DWELLING (See Section 19) A SEPARATE APPLICATION IS REQUIRED FOR EACH DWELLING				
1. \$ _____ ON DWELLING \$ _____ ON CONTENTS \$ _____ ON OTHER STRUCTURES _____ (Describe OTHER STRUCTURES) See Item # 3 on Checklist _____ Approx. Year of Construction	2. UNITS (Under One Roof) <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRIPLEX <input type="checkbox"/> FOUR-PLEX	3. PERILS <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF	4. CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER (Describe) _____	5. OCCUPANCY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL <input type="checkbox"/> VACANT OR UNOCCUPIED <small>If vacant, substantially vacant or unoccupied, complete Section 15 on reverse side. If COC, complete Sections 5 and 17.</small>

4.B TENANTS OR CONDOMINIUM UNIT OWNERS' HOUSEHOLD PERSONAL PROPERTY COVERAGE			
1. _____ NUMBER OF UNITS IN THIS BUILDING \$ _____ ON PERSONAL PROPERTY \$ _____ ON IMPROVEMENTS, ALTERATIONS & ADDITIONS _____ UNIT NUMBER	2. PERILS <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF	3. CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY	4. OCCUPANCY <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT OR UNOCCUPIED <input type="checkbox"/> OWNER

5. COMMERCIAL							
\$ _____ \$ _____ \$ _____	FIRE <input type="checkbox"/> ECE <input type="checkbox"/> VMM <input type="checkbox"/> S.L. <input type="checkbox"/>	COINSURANCE (70% minimum) _____ % ON BUILDING _____ % BUSINESS PERSONAL PROPERTY _____ % USUAL TO OCCUPANCY _____ % PERSONAL PROPERTY OF OTHERS _____ % USUAL TO OCCUPANCY	OCCUPANCY <input type="checkbox"/> LESSOR <input type="checkbox"/> OWNER/OCCUPANT <input type="checkbox"/> TENANT	DEDUCTIBLE REQUESTED <input type="checkbox"/> \$250 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$10,000			

BUILDING OCCUPIED AS (List all occupancies, including # of habitational units or occupants):
NOTE: TO INSURE ADDITIONAL BUILDINGS AT THE SAME LOCATION, ATTACH A BREAKDOWN SCHEDULE.

BUILDING CONSTRUCTION	<input type="checkbox"/> FRAME	<input type="checkbox"/> NONCOMBUSTIBLE	IS ANY PORTION OF THE BUILDING VACANT OR UNOCCUPIED? IF "YES", COMPLETE SECTION 15.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	<input type="checkbox"/> MASONRY	<input type="checkbox"/> OTHER: _____	IS THE BUILDING IN COURSE OF CONSTRUCTION? IF "YES", COMPLETE SECTION 17.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

6. LOCATION OF PROPERTY TO BE INSURED			
NO. _____	STREET _____	CITY _____	STATE _____
		ZIP (MUST BE INCLUDED) _____	

7. LOSS PAYEES GIVE NAME AND MAILING ADDRESS AND INDICATE WHETHER AS MORTGAGEE, OR UNDER CONTRACT OF SALE OR OTHER. FULL DISCLOSURE OF ALL MORTGAGEES AND/OR CONTRACT PURCHASERS MUST BE INCLUDED.			
NAME _____	LOAN NUMBER _____	NAME _____	LOAN NUMBER _____
NO. _____	STREET _____	NO. _____	STREET _____
CITY _____	STATE _____	ZIP _____	CITY _____
			STATE _____
			ZIP _____

8. Is property in a Brush/Wildfire Area? If "Yes", complete Section 18.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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9.A Cancellation or Expiration Date of Present Coverage	9.B Present Insurer: (If there is no insurance in effect, write "none") _____ Prior Insurer: _____ Policy #: _____ Reason for termination: _____
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10.A Has applicant or property to be covered suffered any property damage loss? If "Yes", or there is unrepaired damage, complete Section 16.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10.B Has the property been condemned or ordered uninhabitable by any authority? If "Yes", explain in Remarks.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10.C Is this a significant rehabilitation/renovation? If "Yes", complete Section 17.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11. Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If "Yes", give file number and reason.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

12. Name of person who will accompany inspector during normal business hours.	Phone Number _____
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13. I am the applicant or authorized representative of the applicant and have examined both sides of this application. I have provided the required information and the information is correct to the best of my knowledge. I have received or have explained to the applicant the provisions of the California FAIR Plan.

Form CFP1-b Rev. 06/2008	Signature of the Producer or Applicant _____	Date _____
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14. PUBLIC PROTECTION CLASS QUESTIONNAIRE

1. Current Protection Class (if known) _____ District: _____ Class: _____
 2. Is the property inside City Limits? YES NO
 3. Estimated number of miles from fire station? _____
 4. Name of responding fire station (city or county): _____
 5. Distance from public fire hydrant: _____ feet

15. VACANCY OR UNOCCUPANCY QUESTIONNAIRE

A. If any building(s) is/are VACANT, SUBSTANTIALLY VACANT OR UNOCCUPIED complete the following:
 When did the building(s) become vacant, substantially vacant or unoccupied? _____
 Why is the building(s) vacant, substantially vacant or unoccupied? _____

Note: If more than one building is vacant, substantially vacant or unoccupied, furnish information on each.

B.	YES	NO		YES	NO
Is the building open to trespass?			Is the building in good condition?		
Is the building being remodeled?			Is the building boarded up?		
Expected date of completion: _____			Is the building being moved onto or away from this location?		
Is the property protected by a construction fence?			If so, has it been affixed to its permanent foundation?		
Is the building for sale or rent?			C. Is a FAIR Plan vacancy permit endorsement requested?		
Are there any broken windows?			D. If property is partially vacant, substantially vacant or unoccupied, indicate the number of units vacant or unoccupied _____		
Are all the doors and windows locked?			and percent of floor area vacant or unoccupied _____		

16. PREVIOUS PROPERTY DAMAGE

1. Is there any unrepaired damage at any location for which this application is being submitted? YES NO
 2. If there is unrepaired damage, has a contract been signed to complete repairs? YES NO
 If "Yes", attach a copy of the contract with a licensed contractor signed by both applicant and contractor.
 3. What is the expected date of completion? _____

4. List below ALL property damage suffered by applicant at THIS location. (Attach a separate sheet if necessary.)

DATE	CAUSE	AMOUNT	COMPANY	POLICY NO.

REMARKS

17. COURSE OF CONSTRUCTION QUESTIONNAIRE

Is this new construction (from the ground up)? YES NO
 When did the construction begin? _____
 What is the expected date of completion? _____
 Who will do the work? _____
 How will construction be financed? _____
 What is the cost of the construction? _____
 Upon completion the building(s) will be? Owner occupied Tenant occupied For Sale

18. BRUSH/WILDFIRE INFORMATION

I hereby certify that I am familiar with the brush/wildfire requirements of the appropriate city or county ordinance and that total compliance with said ordinance has been effected to all property contained in this application for insurance. It is further understood that the FAIR Plan brush/wildfire clearance distances for rating purposes may differ from the local ordinance requirements.

 Signature of the Producer or Applicant

 Date

19. A Dwelling Policy may be issued to insure:

- a. a building used exclusively for habitational purposes with not more than four (4) apartments and with not more than five (5) roomers or boarders in total, including trailer homes or mobile homes used exclusively for dwelling purposes at a fixed location.
- b. household and personal property in an apartment or private living quarters of an applicant.
- c. dwellings while in course of construction. Coverage is provided under a commercial fire policy with BUILDERS RISK endorsement, while construction is in progress.

20. DEEMER PROVISION

If, through no fault of the applicant, acceptance or rejection of an application is not made by the FAIR Plan within twenty (20) days after the date the completed application is received in the FAIR Plan office, the coverage requested in the application is deemed to be effective on the twenty-first day after such receipt, provided that a provisional deposit premium of twenty-five dollars is received in the FAIR Plan office within forty-five days from the date the application is received in the FAIR Plan office. If the deposit premium is not received in the FAIR Plan office within such forty-five (45) day period, no coverage shall be deemed ever to have become effective and a new application must be submitted. Send no money with the application. The FAIR Plan will notify you by letter and include the date of the application's receipt if the FAIR Plan is unable to quote by the twentieth (20) day.

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6. LOCATION OF PROPERTY TO BE INSURED			
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NO. _____	STREET _____	NO. _____	STREET _____
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12. Name of person who will accompany inspector during normal business hours.	Phone Number _____
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