

**CALIFORNIA FAIR PLAN PROPERTY INSURANCE  
BUSINESS OWNERS APPLICATION**

DATE (MM/DD/YYYY)



CALIFORNIA FAIR PLAN ASSOCIATION  
P.O. Box 76924, Los Angeles, CA 90076-0924, Tel: (213) 487-0111  
3435 Wilshire Blvd., Suite 1200, Los Angeles, CA 90010

**IMPORTANT - PLEASE READ**

**NO INSURANCE IS BOUND BY THIS APPLICATION. INSURANCE WILL BE EFFECTIVE IF AND ONLY IF A POLICY IS ISSUED BY THE CALIFORNIA FAIR PLAN ASSOCIATION. DO NOT SUBMIT ANY MONEY WITH THIS APPLICATION.**

**THIS APPLICATION WILL BE THE BASIS FOR ANY POLICY ISSUANCE AND THE ACCEPTANCE OR REJECTION OF COVERAGE. IT IS THE RESPONSIBILITY OF THE APPLICANT AND THE APPLICANT'S REPRESENTATIVE TO MAKE SURE THAT THE INFORMATION SUBMITTED IS IN ALL RESPECTS ACCURATE. PROPERTY INSPECTIONS, WHEN MADE, ARE FOR THE PURPOSE ONLY OF DETERMINING THE PHYSICAL CONDITION OF THE PROPERTY.**

**ALL ITEMS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**1. APPLICANT (MUST BE LEGAL OWNER(S) AND/OR RECORDED TITLE DEED(S) OF PROPERTY)**

**2. PRODUCER**

(1) FIRST	MIDDLE	LAST		
(2) Mailing Address			(1) Telephone #	(2) License # IRS or Soc Sec #
NO.	STREET		(3) Proposed Effective Date	Proposed Expiration Date
CITY	COUNTY			
STATE	ZIP			

**3. GENERAL INFORMATION**

(1) Nature of Business	<input type="checkbox"/> Apartment Eligible Processing	<input type="checkbox"/> Office Building	<input type="checkbox"/> Condominium (Association Risk Only)	<input type="checkbox"/> Mercantile
(2) Insured's Operation / Occupancy				
(3) Premises / Location Address				
NO.	STREET			
CITY	COUNTY	STATE	ZIP (MUST BE INCLUDED)	
(4) Named Applicant				
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Explain):				
(5) Applicant Interest				
<input type="checkbox"/> Lessor <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant <input type="checkbox"/> Association				
(6) Years at this Location	(7) Years Under Same Ownership	(8) Hours of Operation		
		From	a.m. / p.m.	To

**4. PRIOR CARRIER AND LOSS INFORMATION**

(1) YEAR	PREVIOUS CARRIER	POLICY NUMBER	CANC/TERMINATION DATE

(2) Has the FAIR Plan ever refused coverage, cancelled coverage, or non-renewed coverage at this location?  
If "YES", give file number and reason.  YES  NO

(3) Has any proposed insured, or the property sought to be insured, been the subject of any claim or suit within the last three years?  
Include date, type and amount paid or reserve. If none, write 'NONE'.  YES  NO

**5. LIMITS OF INSURANCE**

**5a. Property Coverage**

(1) One location per policy. Coverage for multiple buildings at same described premises is available for eligible occupancy. Actual cash value for building only.

BLDG.	ACV	BPP	COIN.	DED.	A/S	P/C	YEAR BUILT	CONST.	OCCUPANCY (Description of Operations)	AREA SQ. FT.	PERCENT VACANT
#1 \$		\$		\$							
#2 \$		\$		\$							
#3 \$		\$		\$							
#4 \$		\$		\$							
TOTAL \$		\$		\$							

Coinsurance: 80% (std) - 90% - 100%    Deductible: \$500 (std) - \$1,000 - \$2,500    BPP: Business Personal Property    A/S: Fully Sprinklered    P/C: Protection Class  
 Construction: Frame (1) - Joisted Masonry (2) - Noncombustible (3) - Masonry Noncombustible (4) - Fire Resistive (5)

**(2) Business Personal Property Coverage - Seasonal Increases**

The limit of insurance for BPP will automatically increase by 25% for seasonal variations in stock values while insured at 100% of the average monthly values.

**Average Monthly Value of Stock:** \$ \_\_\_\_\_

**Maximum Value of Stock:** \$ \_\_\_\_\_

**(3) Business Income and Extra Expenses Included**

(4) Building Updates     YES     NO    (5) Year Reroofed    (6) Rewired    (7) Replumbed    (8) Heating

(9) Total Square Feet Occupied by Insured    (10) Total Building Area

(11) Smoke Detectors     YES     NO    (12) Number of Fire Extinguishers

(13) Right Exposure and Distance    Left Exposure and Distance    Rear Exposure and Distance

(14) What method was used for building value?    (15) Estimated Cost / Square Feet

(16) Is building under renovation? If, "YES", explain.     YES     NO

(17) Has the property been the subject of any health or safety investigations or citations from any governmental authorities within the last three years? If, "YES", please provide a full description.     YES     NO

(18) Any unrepaired damage? If, "YES", explain.     YES     NO

**5b. Business Liability**

Business Liability    - \$300,000 per Occurrence, \$600,000 Aggregate Limit    Medical Payments    - \$5,000 per Person  
 Products Liability    - \$300,000 per Occurrence, \$300,000 Aggregate Limit    Fire Legal Liability    - \$50,000 per Fire or Explosion

**6. ADDITIONAL INTEREST**

(1)  Mortgagee     Loss Payee     Additional Insured - Mgrs. or Lessors of Premises     Additional Insured - Co-Owner of Insured Premises  
 Additional Insured - Lessor of Leased Equipment     Certificate of Insurance Required     Other: \_\_\_\_\_

NAME AND ADDRESS    LOCATION / BUILDING  
 Loan #

(2)  Mortgagee     Loss Payee     Additional Insured - Mgrs. or Lessors of Premises     Additional Insured - Co-Owner of Insured Premises  
 Additional Insured - Lessor of Leased Equipment     Certificate of Insurance Required     Other: \_\_\_\_\_

NAME AND ADDRESS    LOCATION / BUILDING  
 Loan #

(3)  Mortgagee     Loss Payee     Additional Insured - Mgrs. or Lessors of Premises     Additional Insured - Co-Owner of Insured Premises  
 Additional Insured - Lessor of Leased Equipment     Certificate of Insurance Required     Other: \_\_\_\_\_

NAME AND ADDRESS    LOCATION / BUILDING  
 Loan #

COMMENTS

**7. OPTIONAL COVERAGES: BURGLARY AND ROBBERY**

Check if Selected

**7a. Burglary and Robbery: (Deductible \$500 Standard)**

- 25% of Business Personal Property Limit or \$15,000, whichever is less.

**7b. Money and Securities:**

- \$5,000 on Premises / \$2,000 off Premises

(1) Maximum Cash on Premises \$		(2) Maximum Cash with Messengers \$		(3) Maximum Cash on Premises Overnight	
(4) Daily Deposits Made <input type="checkbox"/> YES <input type="checkbox"/> NO			(5) Frequency of Deposits		
(6) Safe Class		(7) Manufacturer		(8) <input type="checkbox"/> Key Lock <input type="checkbox"/> Combination Lock	
(9) Burglary Protection Dead Bolt Locks <input type="checkbox"/> YES <input type="checkbox"/> NO      Bar Windows <input type="checkbox"/> YES <input type="checkbox"/> NO					
(10) Skylights on Roof <input type="checkbox"/> YES <input type="checkbox"/> NO      Describe Protection					
(11) Alarm Type <input type="checkbox"/> Sensor Motion <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station					
(12) U.L. Approved <input type="checkbox"/> YES <input type="checkbox"/> NO			Certificate Number (Attach Copy of Certificate)		
(13) Alarm Manufacturer			(14) Installed and Serviced By		

**8. SERVICES / RETAIL / PROCESSING**

(1) Nature of Operation					
(2) Product Description					
(3) Annual Gross Sales \$		(4) Area Square Feet		(5) Classification	
(6) Percentage of Business Done by Applicant in Service and Installation? %			(7) Percentage of Receipts from Off Premises Operations? %		
(8) Any alcoholic beverages sold or consumed on premises? <input type="checkbox"/> YES <input type="checkbox"/> NO					
(9) Do liquor sales exceed 15% of gross sales? (including beer and wine) <input type="checkbox"/> YES <input type="checkbox"/> NO					

**9. OFFICE BUILDINGS (Lessor's Risk)**

(1) Year Built	(2) Number of Buildings		(3) Number of Stories		(4) Total Building Area	
(5) Any Mercantile Occupancies <input type="checkbox"/> YES <input type="checkbox"/> NO						
(6) Any Cooking Done on Premises? If "YES", explain. <input type="checkbox"/> YES <input type="checkbox"/> NO						
(7) Is There any Operation Conducted by the Applicant? If "YES", explain. <input type="checkbox"/> YES <input type="checkbox"/> NO						
(8) List Commercial Operations and Area Occupied.						
(9) Certificate of Insurance Required From Tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO						
(10) Is Applicant Named as an Additional Insured on Tenant's Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO						
(11) Any Other Information?						

**10. APARTMENT BUILDINGS**

<b>(1) Year Built</b>	<b>(2) Number of Buildings</b>	<b>(3) Number of Stories</b>	<b>(4) Number of Units</b>
<b>(5) Average Rent</b> \$ _____ <b>Month</b>		<b>(6) Average Rent</b> \$ _____ <b>Annual</b>	
<b>(7) Occupancy</b>			%
<b>(8) Swimming Pool?</b> If "YES", how many.			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(9) Pool Areas Fenced with Self-Latching Gate?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(10) Life Guard on Duty?</b>		<b>(11) Safety Rules Posted in Area?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(12) Smoke / Fire Alarms in All Units?</b>		<b>(13) Type</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery	
<b>(14) Is there a children's playground?</b>		<b>(15) Conditions of Floor, Stairs, Sidewalks, Parking Area?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Good <input type="checkbox"/> Needs Fair Work	
<b>(16) Does Applicant have own Housekeeping Maintenance?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Does Applicant Contract with any Firm to Maintain Grounds?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Does Applicant Have Contract for Security?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>(17) Any Office Occupancy? (Give square feet)</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(18) Any Business Operators on Premises? If "YES", list and give square feet.</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(19) Any Other Information?</b>			

**11. CONTACT**

<b>(1) Name and daytime telephone number of person who will accompany inspector during normal business hours?</b>	
<b>Name</b>	<b>Daytime Telephone Number</b>

**12. APPLICANT SIGNATURE**

I REPRESENT TO THE CALIFORNIA FAIR PLAN ASSOCIATION (THE "FAIR PLAN") THAT I HAVE EXAMINED ALL PAGES OF THIS APPLICATION, AS COMPLETED, AND THAT ALL OF THE INFORMATION IN THE APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE THAT NO INSURANCE IS BOUND BY THIS APPLICATION, AND THAT NO INSURANCE WILL BE EFFECTIVE UNLESS A POLICY IS ISSUED BY THE FAIR PLAN. THE NATURE AND OPERATION OF THE FAIR PLAN HAVE BEEN EXPLAINED TO ME.

\_\_\_\_\_

**Signature of Applicant** **Date**

**13. PRODUCER SIGNATURE**

AS THE APPLICANT'S AUTHORIZED REPRESENTATIVE, I REPRESENT TO THE CALIFORNIA FAIR PLAN ASSOCIATION (THE "FAIR PLAN") THAT:

(1) I HAVE EXAMINED ALL PAGES OF THIS APPLICATION, AS COMPLETED. ALL OF THE INFORMATION IN THE APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND

(2) I HAVE EXPLAINED TO THE APPLICANT:

(A) THE NATURE AND OPERATION OF THE FAIR PLAN,

(B) THAT I AM NOT AN AGENT OR RERESENTATIVE OF THE FAIR PLAN, AND

(C) THAT NO ISSUANCE WILL BE EFFECTIVE UNLESS A POLICY IS ISSUED BY THE FAIR PLAN.

IF A POLICY IS HEREAFTER ISSUED AND PAID FOR, AND LATER CANCELLED OR CHANGED SO THAT A RETURN PREMIUM IS DUE THE INSURED, I AGREE TO RETURN A PROPORTIONATE SHARE OF MY COMMISSION.

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**Signature of Producer** **Date**