



# Iowa FAIR Plan

FAIR ACCESS TO INSURANCE  
REQUIREMENTS

Insured:

Policy Number:

Location Address:

In consideration of the premium charged, it is hereby understood and agreed that coverage described on Form DP 00 01 (07-88), page 2, "OTHER COVERAGES", item #1, "OTHER STRUCTURES" does not apply to this policy.

\_\_\_\_\_  
Printed Insured Name

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Insured Name

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date Signed