



# Homeowners 8—Modified Coverage Form

Iowa FAIR Plan Association 2700 Westown Pkwy Ste 220, West Des Moines, IA 50266

e-Mail: [info@IowaFAIRPlan.com](mailto:info@IowaFAIRPlan.com) Phone: 515-255-9531

See [iowafairplan.com](http://iowafairplan.com) for current underwriting rules and guidelines.

**THIS APPLICATION IS NOT  
A BINDER OF INSURANCE**

REQUESTED EFFECTIVE DATE: \_\_\_\_\_ @ 12:01 AM OR

QUOTE ONLY. NEED QUOTE BY:  
\_\_\_\_\_

**APPLICANT:** \_\_\_\_\_  
NAME(S) AREA CODE TELEPHONE NUMBER

**APPLICANT IS:**  OWNER OCCUPANT  CONTRACT PURCHASER OCCUPANT  OTHER \_\_\_\_\_

**PROPERTY LOCATION:** \_\_\_\_\_  
STREET (If no street address: SEC, TWN, RNG) CITY COUNTY STATE ZIP

**MAILING ADDRESS:** \_\_\_\_\_  
*Explain on back if different than property* STREET CITY STATE ZIP

**CONSTRUCTION:**  FRAME  BRICK **# OF LIVING UNITS:** \_\_\_\_\_ **YEAR BUILT:** \_\_\_\_\_ **PROTECTION CLASS:** \_\_\_\_\_

**MARKET VALUE:** \_\_\_\_\_ *Coverage A cannot exceed Market Value. Minimum Coverage A is \$40,000 (ACV) - Maximum is \$200,000 (ACV).*

SECTION I				For IFP Use Only			POLICY #:
<b>Coverage A. DWELLING</b>	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE				PREMIUM:
\$	10% of A	50% of A	10% of A				AMT REC'D \$:
SECTION II							FROM: <input type="checkbox"/> AGT <input type="checkbox"/> INSD <input type="checkbox"/> MORT
E. PERSONAL LIABILITY AND PROPERTY DAMAGE		F. MEDICAL PAYMENTS TO OTHERS					DATE REC'D
\$50,000 each occurrence		\$1,000 each person					COMM PD
							DATE:
							CHECK #:

**DEDUCTIBLE:**  \$500  \$1,000  \$2,500 **PRIOR INSURER:** \_\_\_\_\_ **LAST DATE OF COVERAGE:** \_\_\_\_\_

**OTHER FINANCIAL INTERESTS IN PROPERTY:**

1st MORTGAGEE -OR-  ADDITIONAL INSURED

**RENEWAL TO BE PAID BY ESCROW:**  Yes  No

NAME ADDRESS CITY STATE ZIP LOAN #

2nd MORTGAGEE -OR-  ADDITIONAL INSURED

NAME ADDRESS CITY STATE ZIP LOAN #

**EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED AFTER QUESTIONS.**

- a. Has applicant or any person with a financial interest in property been convicted of arson or any crime for the purpose of defrauding an insurance company? a.  Yes  No
- b. Are property real estate taxes delinquent? *Explain which years and applicant's plan to pay these taxes.* b.  Yes  No
- c. Is the property in foreclosure? *Explain length of time and applicant's arrangement with mortgagee.* c.  Yes  No
- d. Are utilities disconnected? *Explain length of time, reason, and when utilities will be reconnected.* d.  Yes  No
- e. Has the property been condemned or ordered uninhabitable? *Explain why insurance is needed.* e.  Yes  No
- f. Is an animal kept on premises that has injured someone or caused a liability claim? f.  Yes  No
- g. Does the Dwelling or any Other Structure need repair? *Explain repairs and cost.* g.  Yes  No
- h. Is a wood burning stove present in the Dwelling or any Other Structure? h.  Yes  No

Send completed application with payment and photos (front and back) to  
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- i. Is any farming done on premises? *Explain type of farming and provide annual sales.* i.  Yes  No
- j. Any non-farm business on premises? *Explain type of business. Enclose copy of business liability policy dec page.* j.  Yes  No
- k. Are any horses or other riding animals kept on premises? *Explain type, how many, and how used. (If three or more horses or other riding animals a liability policy with limits of at least \$100,000 per occurrence is required).* k.  Yes  No
- m. Is a dog(s) kept on premises? *Breed(s) including all partial breeds: \_\_\_\_\_* m.  Yes  No
- n. Is home vacant, unoccupied, a seasonal or secondary home? n.  Yes  No
- o. Is Day Care Service provided on premises? *Enclose copy of Day Care liability policy declarations page.* o.  Yes  No
- p. Any swimming pool, private pond or hot tub on premises? p.  Yes  No
  - (1) Fencing surrounding pool, pond or hot tub with locking gate? p(1).  Yes  No
- q. Trampoline on premises? q.  Yes  No
- r. Are handrails missing on any exterior steps with three or more steps? r.  Yes  No
- s. Have there been any insurance claims in the past five years? *Explain date of claim, type of claim, details of claim, amount paid or reserved, any unrepaired damage and name of insurer.* s.  Yes  No
- t. Has the present insurer furnished notice of non-renewal or intent to cancel? *List reason(s) below.* t.  Yes  No

**EXPLAIN "YES" ANSWERS HERE AND EXPLAIN WHY THIS PROPERTY CANNOT BE INSURED IN THE STANDARD MARKETS. (USE ADDITIONAL PAGES IF NEEDED):**

In consideration of the Iowa FAIR Plan agreeing to undertake an inspection or inspections and/or other actions related to possible acceptance of the described property for insurance, I (we) understand and agree:

- a. To accompany your inspectors if and when they inspect the above described property;
- b. Without limiting any rights granted under the Iowa Insurance Placement Program, I (we) hereby agree to make no claim of any nature, direct or consequential against the Commissioner of Insurance of the State of Iowa, members of his/her staff, the State of Iowa, or any of its representatives, the Insurance Services Office, the Iowa FAIR Plan (except for claims on any policy of insurance which may be issued), and the agents, employees or representatives of any of the foregoing, for or on account of or in any manner growing out of the inspection(s) or subsequent processing of the application, or any omissions or neglect in connection therewith, and any such claims which I (we) have or which may hereafter accrue are released and waived;
- c. The information contained herein is true and correct to the best of my (our) information and belief.

Signature of Applicant, Principal Beneficiary, Trust or Corporate Officer

Date

### Responsibilities, Statements, and Signature of Producer

The Iowa FAIR Plan relies on the Producer to provide accurate and complete information on this application. The Producer's signature below warrants that the following statements are true:

I, the Producer, am a licensed insurance agent in Iowa. I have reviewed the questions, answers, and information provided on this application with the applicant(s). The information and answers are true, correct, and complete to the best of my knowledge.

I, the Producer, explained to the applicant(s) I am not an agent or representative of the Iowa FAIR Plan and this application is strictly a request for insurance coverage and **does not bind** the Iowa FAIR Plan to provide insurance coverage on this property.

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Producer: \_\_\_\_\_ IA License #: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-Mail: \_\_\_\_\_

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