



Iowa FAIR Plan Association  
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 www.iowaFAIRplan.com

### Application For Property Insurance

- This application is not a binder of insurance - producers do not have binding authority with the Iowa FAIR Plan.
- Vacant and/or unoccupied properties not under current renovation are not eligible! Contact us for additional information.
- V&MM coverage is not available for any property with a non-owner occupant.
- The application must be complete and signed by all parties before a policy can be issued.
- Visit the Iowa FAIR Plan website at [www.iowaFAIRplan.com](http://www.iowaFAIRplan.com) for complete underwriting rules, guidelines and sample rates.

|  |   |
|--|---|
| *NAME OF APPLICANT(S): _____<br><br>MAILING ADDRESS: _____<br>LOCATION OF PROPERTY: _____<br>(INCLUDE COUNTY NAME AND ZIP + 4) | <b>OFFICE USE ONLY</b><br>POLICY#: _____<br>PREMIUM: \$ _____<br>AMT REC'D: \$ _____<br>FROM: AGT INSD MORT<br>DATE REC'D: _____<br>COMM PD: _____<br>DATE: _____<br>NOTES: _____ |
|--|---|

\*NAMES AND ADDRESSES OF ALL PARTIES WITH A FINANCIAL INTEREST MUST BE SHOWN!

#### UNDERWRITING INFORMATION

REQUESTED INCEPTION DATE OF POLICY: \_\_\_\_\_ (NOON) NOTE: PRODUCERS CANNOT BIND COVERAGE

COVERAGES REQUESTED:     FIRE     EXTENDED COVERAGE     VANDALISM

APPLICANT'S INTEREST IN PROPERTY:     OWNER     TENANT     CONTRACT PURCHASER

DOES OWNER LIVE IN THE BUILDING?     YES     NO IF NO, WHO DOES? \_\_\_\_\_

NUMBER OF FAMILIES DWELLING IS DESIGNED TO ACCOMMODATE: \_\_\_\_\_    NUMBER OF STORIES: \_\_\_\_\_

PROTECTION CLASS: \_\_\_\_\_ IN CITY LIMITS?     YES     NO    FT TO HYDRANT: \_\_\_\_\_

CONSTRUCTION:     FRAME     MASONRY     MOBILE HOME VIN #OF MOBILE HOME: \_\_\_\_\_

HAS THE INSURED OR ANY PERSON WHO HAS AN INSURABLE INTEREST IN THE RISK RECEIVED WITHIN THE LAST SIX MONTHS A NOTICE OF REJECTION, NON-RENEWAL OR CANCELLATION FROM AN INSURER?     YES     NO

NAME OF PREVIOUS INSURANCE COMPANY: \_\_\_\_\_ CANCELLATION DATE \_\_\_\_\_

CANCELLATION REASON: \_\_\_\_\_

#### IF THIS IS A DWELLING RISK, ANSWER THE FOLLOWING

COVERAGE AMOUNT REQUESTED (NOTE: NOT TO EXCEED CURRENT MARKET VALUE/ACTUAL CASH VALUE)

ACV DWELLING AMOUNT: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_

DEDUCTIBLE REQUESTED ON DWELLING POLICY:     \$250     \$500     \$1,000

#### IF THIS IS A COMMERCIAL RISK, ANSWER THE FOLLOWING

LIST ALL OCCUPANCIES IN BUILDING BY FLOOR: \_\_\_\_\_

DOES BUILDING ADJOIN ANY OTHER STRUCTURE ON ANY SIDE? \_\_\_\_\_

REPLACEMENT COST OF BUILDING: \$ \_\_\_\_\_ ACV OF BUILDING: \$ \_\_\_\_\_

COVERAGE AMOUNT REQUESTED ON BUILDING: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_

DEDUCTIBLE REQUESTED ON COMMERCIAL POLICY:     \$250     \$500     \$1,000     \$2,500

#### MORTGAGEE/CONTRACT SALE INFORMATION

|  |   |
|--|---|
| 1<br><br><br>LOAN #: _____<br><br>BILL ESCROW AT RENEWAL? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2<br><br><br>LOAN #: _____<br><br>NOTE: WE DO NOT ESCROW BILL ON NEW POLICIES |
|--|---|

**CLAIM(S) INFORMATION (PAST FIVE YEARS - USE ADDITIONAL SHEET IF NECESSARY)**

| LOSS DATE | DESCRIPTION | COMPANY | AMOUNT PAID | DAMAGES REPAIRED? |
|-----------|-------------|---------|-------------|-------------------|
|           |             |         |             |                   |
|           |             |         |             |                   |
|           |             |         |             |                   |

**PLEASE EXPLAIN ANY 'YES' ANSWERS IN THE REMARKS SECTION BELOW**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. IS PROPERTY CURRENTLY VACANT OR UNOCCUPIED?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. IS PROPERTY CURRENTLY UNDER RENOVATION?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. IS THERE ANY BUSINESS CONDUCTED ON THE PREMISES?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ARE THERE BUILDINGS ON THE PREMISES OTHER THAN THE DWELLING?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. IS PROPERTY SITUATED ON A FARM OR AN ACREAGE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IS THERE ANY UNREPAIRED DAMAGE FROM A PREVIOUS CLAIM(S)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. HAS THE PROPERTY BEEN CITED FOR ANY TYPE OF CODE VIOLATIONS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ARE THERE ANY WOODBURNING DEVICES ANYWHERE ON THE PREMISES?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. IS PROPERTY IN FORECLOSURE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. HAS THE APPLICANT OR ANY PERSON HAVING FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED OR CONVICTED FOR FRAUD, BRIBERY, ARSON OR ANY CRIME FOR THE PURPOSE OF DEFRAUDING AN INSURANCE CO? | <input type="checkbox"/> | <input type="checkbox"/> |

**REMARKS (USE ADDITIONAL SHEET IF NECESSARY)**

**APPLICANT(S) STATEMENT AND SIGNATURE**

In consideration of the Iowa FAIR Plan agreeing to undertake an inspection or other actions related to possible acceptance of the described property for insurance, I (we) understand and agree: (1) to accompany your inspector(s) if/when they inspect the property, and (2) 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 arising out of the inspection(s) or subsequent processing of the application, or any omissions or neglect in connection herewith, and any such claims which I (we) have or which may hereafter accrue are released and waived. The information contained herein is true and correct to the best of my (our) information and belief.

Signature of \_\_\_\_\_

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**PRODUCER STATEMENT AND SIGNATURE**

I hereby certify that I am a licensed insurance agent of Iowa. In the event a policy is issued and then cancelled or insurance thereunder terminated, or a change is made resulting in a return premium, I agree upon request to return my proportionate share of the commission on such return premium.

|   |                       |
|---|-----------------------|
| Name of Producer (THIS IS HOW YOUR COMMISSION CHECK WILL BE ISSUED) | Signature of Producer |
| Address   | Office Telephone      |
| City, State, Zip+4  | FAX                   |
| e-Mail  | Cell Phone            |