

Application for Basic Property Coverage

Applicant & Property Information		Complete eligibility rules and underwriting guidelines: https://www.iowafairplan.com
Applicant(s):		
Property Address:		
City, State, Zip:	County:	
Applicant Mailing Address:		
Applicant Email:		
Applicant Phone (for inspection):	☐ Home ☐ Cell ☐ Other	
Occupancy: ☐ Owner ☐ Tenant ☐ Contract Purchaser ☐ Unoccupied ☐ Vacant ☐ Seasonal/Secondary		
Construction Type: ☐ Frame ☐ Masonry ☐ Mobile Home		
Number of Family Units: _____ (Note: Over four family units will be a Commercial Lines policy)		
Does owner live in the building? ☐ Yes ☐ No ☐ If no, who?		
In City Limits: ☐ Yes ☐ No	Distance to Hydrant is 1000 ft or less: ☐ Yes ☐ No	

General Information		
Has the property owner received notice of rejection, non-renewal, or cancellation from an insurer? ☐ Yes ☐ No ☐ No prior coverage		
Expiration date:	Name of carrier: _____	
Reason for cancellation, ineligibility or non-renewal:		
1.	☐ Yes ☐ No	Is the property currently vacant or unoccupied?
2.	☐ Yes ☐ No	Is the property currently under renovation?
3.	☐ Yes ☐ No	Is property in foreclosure?
4.	☐ Yes ☐ No	Is there any business or farming conducted on the premises?
5.	☐ Yes ☐ No	Are there buildings on the premises other than the dwelling?
6.	☐ Yes ☐ No	Is the property situated on 5+ acres?
7.	☐ Yes ☐ No	Is there any unrepaired damage from a previous claim(s)?
8.	☐ Yes ☐ No	Has the property been cited for any code violations?
9.	☐ Yes ☐ No	Are there any woodburning or solid fuel devices anywhere on the premises?
10.	☐ Yes ☐ No	Has the applicant been indicted or convicted of fraud, bribery, arson, or any arson-related crime?
Please explain all Yes answers:		

Requested Coverages	
Personal Lines Coverage	Commercial Lines Coverage
Dwelling and Personal Property coverage must be the lesser of Actual Cash Value or Market Value. \$1,000 Deductible.	Building and Business Property coverage must be the lesser of Actual Cash Value or Market Value. \$2,500 Deductible.
Dwelling Coverage Requested:	Building Coverage Requested:
Personal Property (not to exceed to \$30k):	Business Property (not to exceed to \$30k):
Requested Effective Date:	Requested Effective Date:

Mortgagee / Contract Sale Information	
1st Mortgagee	2nd Mortgagee
Loan #:	Loan #:
Name:	Name:
Address:	Address:
City State Zip:	City State Zip:
Bill Escrow ☐ Yes ☐ No	* New business requires 25% down payment even if escrow-billed

Loss History for the Past Five Years				
Have there been any losses during the last five years at this or any other location? ☐ Yes ☐ No If Yes provide details below.				
Loss Date	Description of Loss	Carrier	Amount Paid	All damage repaired or replaced?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
Claims details (use an additional page if necessary):				

Applicant(s) Statement and Hold Harmless Agreement

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

1. I (We) acknowledge that this is basic insurance coverage and will not provide replacement or full restoration of property after a covered cause of loss occurs.
2. I (We) will cooperate with and accompany your inspector when they inspect the property.
3. I (We) will make no claim of any nature, direct or consequential against the Iowa Insurance Division of Insurance and/or the Iowa FAIR Plan Association (except for claims on any policy of insurance which may be issued), and the employees or representatives of any of the foregoing, for any omissions or neglect in connection with the inspection(s) or subsequent processing of the application and any such claims which I (we) have or which may hereafter accrue are released and waived.
4. The information contained herein is true and correct to the best of my (our) information and belief.

Signature of Applicant(s):

Printed Name of Applicant(s):

Date:

Producer Statement and Agreement

I hereby certify that I am a licensed property and casualty insurance agent with the Iowa Insurance Division. 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. I also agree that unclaimed de minimis commission amounts may be applied to current and future fire safety programs that are provided by the Iowa FAIR Plan Association.

Signature of Producer:

Printed Name of Producer:

Date:

Agency Information

This will be the agency listed on the declarations page and to whom commission checks and IRS Form 1099 will be issued.

Agency Name:

Address:

City, State, Zip:

Agency Phone:

Agency email:

● This application is not a binder for insurance. Producers do not have binding authority with the Iowa FAIR Plan Association.

● For issuance, email all completed documents to info@iowafairplan.com and mail originals the same day.

● Signed, completed application + proof of down payment are required for policy issuance.