

COMMERCIAL APPLICATION CHECKLIST

GENERAL INFORMATION

1. **Complete all sections of the application. Incomplete applications will be returned.**
2. Duplicate insurance is not permitted.
3. Answer all questions on property damage losses. If there is existing damage, attach a copy of the contract for repairs from a licensed contractor, signed by both the applicant and contractor.
4. To request Replacement Cost coverage, attach a completed Optional Replacement Cost Addendum (Form CFP-RCA-2). This form can be downloaded from the FAIR Plan web site (www.cfpnet.com).
5. There are coverage restrictions/exclusions in the policy for buildings which are vacant or unoccupied. A FAIR Plan Vacancy Permit Endorsement is necessary to provide coverage for Vandalism or Malicious Mischief.
6. For a dwelling in the Course of Construction or undergoing a significant remodel/renovation, complete COURSE OF CONSTRUCTION QUESTIONNAIRE section. If insuring multiple buildings under Course of Construction at one location, provide a diagram showing the distance between each building. Coverage must be written for 100% of the completed value. There is a 100% coinsurance requirement. The policy will be written on a commercial Standard Property Policy form and include our Builder's Risk Endorsement.

GENERAL GUIDELINES

1. A Commercial policy may be issued to insure buildings and business personal property for commercial occupancies. Buildings with more than four (4) habitational units should be written on a commercial policy form (be sure to list the number of units or occupants).
2. Indicate which commercial building or structure (if insuring more than one) and occupancy contains the business personal property to be covered.
3. To insure additional buildings or structures, and/or business personal property:
 - a. Multiple buildings or structures at the same location (e.g. garage, storage building, etc.)
 - Attach a schedule to the application showing the amount of insurance and description/occupancy of each building/structure and/or business personal property to be insured.
 - b. Buildings or structures at different locations
 - If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for each location address.

COVERED CAUSES OF LOSS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE

1. Standard Covered Causes of Loss include Fire, Lightning and Explosion
2. Optional Covered Causes of Loss
 - a. Extended Coverage (ECE): includes coverage for loss caused by Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion, Sinkhole Collapse and Volcanic Action.
 - b. Vandalism.
 - c. Sprinkler Leakage (S.L.) if risk qualifies.
3. Optional Coverages Available
 - a. Replacement Cost: An "Optional Replacement Cost Addendum", Form CFP-RCA-2 must be submitted to determine eligibility (form available at www.cfpnet.com).
 - b. Business Income and Extra Expense Coverage. "Property Application Addendum For Business Income and Extra Expense" (Form CFP BI/EE) must be submitted (form available at www.cfpnet.com).

IMPORTANT - PLEASE READ

California FAIR Plan Property Insurance
P.O. Box 76924, Los Angeles, CA 90076-0924
3435 Wilshire Blvd., Suite 1200
Los Angeles, CA 90010
Telephone: (213) 487-0111

THIS DOES NOT CONSTITUTE A BINDER. 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 ONLY FOR THE PURPOSE OF DETERMINING THE PHYSICAL CONDITION OF THE PROPERTY.

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

APPLICANT INFORMATION (must be legal owner(s) and/or recorded title holder(s) of Property) **BROKER INFORMATION**

FIRST	MIDDLE	LAST	NAME
FIRST	MIDDLE	LAST	ADDRESS
MAILING ADDRESS			CITY STATE ZIP
CITY			TELEPHONE #
STATE	ZIP	LICENSE #	FED ID OR SOC SEC #

LOCATION OF PROPERTY TO BE INSURED

ADDRESS			
CITY	COUNTY	STATE	ZIP (must be included)

COVERAGE AND RATING INFORMATION

\$ _____	FIRE	ECE	VAND	S.L.	COINSURANCE (70%, 80%, 90%, 100%) _____% ON BUILDING _____% BUSINESS PERSONAL PROPERTY USUAL TO OCCUPANCY _____% PERSONAL PROPERTY OF OTHERS USUAL TO OCCUPANCY	OCCUPANCY	
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> LESSOR	<input type="checkbox"/> VACANT / COC
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> OWNER / OCCUPANT	<input type="checkbox"/> TENANT
DEDUCTIBLE REQUESTED <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000							
BUILDING CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> NONCOMBUSTIBLE <input type="checkbox"/> OTHER: _____							
BUILDING OCCUPIED AS (List all occupancies, including # of habitational units or occupants)							

MORTGAGEE / LOSS PAYEE

NAME	LOAN NUMBER	NAME	LOAN NUMBER
ADDRESS		ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP
<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	LOSS PAYEE
<input type="checkbox"/>	CONTRACT OF SALE	<input type="checkbox"/>	MORTGAGEE
<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	CONTRACT OF SALE

PRIOR INSURANCE

Cancellation or Expiration Date of Present Coverage	PRESENT INSURER (If there is no insurance in effect, write "none")	POLICY NUMBER
PRIOR INSURER	REASON FOR TERMINATION	POLICY NUMBER
Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If "Yes", give policy number and reason.		
<input type="checkbox"/>	YES	<input type="checkbox"/>
<input type="checkbox"/>	NO	
POLICY NUMBER	REASON	

INSPECTION CONTACT (Name of person who will accompany inspector during normal business hours)

NAME	DAYTIME PHONE NUMBER OR CELL PHONE NUMBER
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PRIOR / EXISTING DAMAGE AND USE INFORMATION

Has property to be covered suffered any property damage losses?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there any unrepaired damage at the location for which this application is being submitted?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If there is unrepaired damage, has a contract been signed to complete repairs?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If "YES", attach a copy of the contract with a licensed contractor signed by both applicant and contractor.				
What is the expected date of completion?				
List below ALL property damage suffered by applicant at THIS location. (Attach a separate sheet if necessary.)				
DATE	CAUSE	AMOUNT	COMPANY	POLICY NO.
Has the property ever been condemned or ordered uninhabitable by any authority? If "YES", explain in REMARKS.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is this a rehabilitation / renovation? If "YES", explain in REMARKS.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the applicant a bank, lender or financial institution? If "YES", explain in REMARKS.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is property being used for any purpose in violation of federal, state or local law? If "YES", explain in REMARKS.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

PUBLIC PROTECTION CLASS QUESTIONNAIRE

Current Protection Class (if known) _____	District: _____	Class: _____
Is the property inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated number of miles from fire station: _____	
Name of responding fire station (city or county): _____	Distance from public fire hydrant: _____ feet	

VACANCY OR UNOCCUPANCY QUESTIONNAIRE

If any building(s) is/are VACANT, SUBSTANTIALLY VACANT OR UNOCCUPIED complete the following:

When did the building(s) become vacant, substantially vacant or unoccupied? _____

Why is the building(s) vacant, substantially vacant or unoccupied? _____

	YES	NO		YES	NO
Is the building open to trespass?	<input type="checkbox"/>	<input type="checkbox"/>	Is the building in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
Is the building being remodeled?	<input type="checkbox"/>	<input type="checkbox"/>	Is the building boarded up?	<input type="checkbox"/>	<input type="checkbox"/>
Expected date of completion: _____	<input type="checkbox"/>	<input type="checkbox"/>	Is the building being moved onto or away from this location?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property protected by a construction fence?	<input type="checkbox"/>	<input type="checkbox"/>	If so, has it been affixed to its permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the building for sale or rent?	<input type="checkbox"/>	<input type="checkbox"/>	Is a FAIR Plan vacancy permit endorsement requested?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any broken windows?	<input type="checkbox"/>	<input type="checkbox"/>	If property is partially vacant, substantially vacant or unoccupied, # of Units: _____ indicate the number of units vacant or unoccupied and percent of floor area vacant or unoccupied % Vacant or Unoccupied: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are all the doors and windows locked?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

COURSE OF CONSTRUCTION QUESTIONNAIRE

Is this new construction from the ground up?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When did construction begin?
What is the expected date of completion?					Who will do the work?
How will the construction be financed?					What is the cost of the construction?
Upon completion the building(s) will be:	<input type="checkbox"/> 1-4 Habitational Units	<input type="checkbox"/> 5 or more Habitational Units	<input type="checkbox"/> Commercial		

REMARKS

BRUSH / WILDFIRE INFORMATION

Is property in a Brush / Wildfire Area? (If "YES", sign the BRUSH / WILDFIRE INFORMATION section below)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I hereby certify that I am familiar with the brush / wildfire requirements of the appropriate city or county ordinance and that total compliance with said ordinance has been effected to all property contained in this application for insurance. It is further understood that the FAIR Plan brush / wildfire clearance distances for rating purposes may differ from the local ordinance requirements.				
_____ Signature of the Broker or Applicant			_____ Date	

CERTIFICATION (Signature Required)

I am the applicant or authorized representative of the applicant. I have examined the entire application and provided the required information, which is correct to the best of the applicant's knowledge.

I hereby certify that I am aware (or, if the broker, that I made the applicant aware) (1) that the FAIR Plan does not pay more for any loss than the policy limits requested in this application and stated in the policy issued; (2) that there are resources available that may help determine the adequacy of the policy limits requested in this application; and (3) that any inadequacy of the insurance ordered by this application is not the responsibility of the FAIR Plan.

Signature of the Broker or Applicant

Date

DEEMER PROVISION

If, through no fault of the applicant, acceptance or rejection of an application is not made by the FAIR Plan within twenty (20) days after the date the completed application is received in the FAIR Plan office, the coverage requested in the application is deemed to be effective on the twenty-first day after such receipt, provided that a provisional deposit premium of twenty-five dollars is received in the FAIR Plan office within forty-five days from the date the application is received in the FAIR Plan office. If the deposit premium is not received in the FAIR Plan office within such forty-five (45) day period, no coverage shall be deemed ever to have become effective and a new application must be submitted. Send no money with the application. The FAIR Plan will notify you by letter and include the date of the application's receipt if the FAIR Plan is unable to quote by the twentieth (20) day.