

## **COMMERCIAL APPLICATION CHECKLIST**

### **GENERAL INFORMATION**

1. **Complete all sections of the application. Incomplete applications will be returned.** Depending on the location of the property, the names of three (3) carriers declining to insure the property may be required. Please refer to our website at [www.cfpnet.com](http://www.cfpnet.com) under Eligible Areas. Duplicate insurance is not permitted.
2. 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.
3. 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](http://www.cfpnet.com)).
4. 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 and Malicious Mischief.
5. 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.
6. A fully completed and signed application can be faxed to (213) 252-8084 or emailed to [cfpuw@cfpnet.com](mailto:cfpuw@cfpnet.com).

### **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 (go to [www.cfpnet.com](http://www.cfpnet.com) for more detailed coverage information)**

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](http://www.cfpnet.com)).
  - b. Business Income and Extra Expense Coverage. Coverage is provided on an actual loss sustained basis and the maximum monthly claim payment is 25% of the total amount of insurance requested.



# CALIFORNIA FAIR PLAN PROPERTY INSURANCE APPLICATION FOR COMMERCIAL INSURANCE

DATE (MM/DD/YYYY)

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  
Web Site: [www.cfpnet.com](http://www.cfpnet.com)

### IMPORTANT - PLEASE READ

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 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 (If not legal title holder, explain in Remarks)

### LOCATION OF PROPERTY TO BE INSURED

FIRST	MIDDLE	LAST	ADDRESS		
FIRST	MIDDLE	LAST	CITY		
MAILING ADDRESS			COUNTY		
CITY	STATE	ZIP	STATE	ZIP (must be included)	

### COVERAGE AND RATING INFORMATION

BUILDING	\$ _____	FIRE	ECE	VAND	S.L.	COINSURANCE (70%, 80%, 90%, 100%)	_____ %	OCCUPANCY <input type="checkbox"/> LESSOR <input type="checkbox"/> OWNER / OCCUPANT <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT / COC
BUSINESS PERSONAL PROPERTY USUAL TO OCCUPANCY	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %		
PERSONAL PROPERTY OF OTHERS USUAL TO OCCUPANCY	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %		
BUSINESS INCOME / EXTRA EXPENSE	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %		

DEDUCTIBLE REQUESTED  \$250  \$500  \$1,000  \$2,500  \$5,000  \$10,000

BUILDING CONSTRUCTION  FRAME  MASONRY  NONCOMBUSTIBLE  OTHER: \_\_\_\_\_

BUILDING OCCUPIED AS (List all occupancies, including # of habitational units or occupants)

### MORTGAGEE / LOSS PAYEE

NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
LOAN NUMBER	LOAN NUMBER

### PRIOR INSURANCE

YEAR	PREVIOUS CARRIER	POLICY NUMBER	CANCELLATION / TERMINATION DATE	REASON FOR TERMINATION

Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If "Yes", give policy number and reason.  YES  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
------	---

**PRIOR / EXISTING DAMAGE AND USE INFORMATION**

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

**FIRE PROTECTION INFORMATION**

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

**COURSE OF CONSTRUCTION QUESTIONNAIRE**

Is this new construction from the ground up?	YES	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)	YES	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 Applicant	_____ Date	

**CERTIFICATION (Signature Required)**

I have examined the entire application and provided the required information, which is correct to the best of my knowledge.	
I hereby certify that I am 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 Applicant	_____ Date

**DEEMER PROVISION**

<p>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.</p>
--



3435 Wilshire Blvd., Suite 1200  
 Los Angeles, CA 90010  
 Mail: P.O. Box 76924, Los Angeles, CA 90076-0924  
 www.cfpnet.com Telephone: (213) 487-0111

**IMPORTANT NOTICE TO ALL APPLICANTS  
 WHO CHOOSE TO DEAL DIRECTLY WITH THE FAIR PLAN**

As you have voluntarily chosen not to be represented by a licensed property and casualty insurance agent or broker for advice relative to the appropriateness and adequacy of your policy coverages, we wish to inform you of the following items that should be considered by you:

1. Although licensed insurance agents or brokers are not agents of the California FAIR Plan Association, they may place business with the FAIR Plan acting as an agent of the applicant or policyholder. The FAIR Plan recommends that applicants or policyholders seek the advice of such a professional in determining their insurance needs.
2. The selection of insured values and coverages are the sole responsibility of the applicant or policyholder and the FAIR Plan makes no representation as to the adequacy or appropriateness of the values and coverages selected.
3. You pay the same premium whether or not you are represented by an agent or broker.
4. FAIR Plan employees or independent contractors (property inspectors, claims adjusters, etc.) engaged by the FAIR Plan may not give advice as to an applicant's or policyholder's insurance needs.

I have read and understand the information regarding my decision to deal with the FAIR Plan without the advice of an insurance representative.

NAME (please print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NOTE: THIS SIGNED FORM MUST ACCOMPANY YOUR APPLICATION FOR COVERAGE.