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
   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).
# California Fair Plan Property Insurance Application for Commercial Insurance

**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 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

- **First**
- **Middle**
- **Last**
- **Name**
- **Address**
- **City**
- **State**
- **ZIP**
- **Telephone #**
- **License #**
- **Fed ID or Soc Sec #**

### Location of Property to Be Insured

- **Address**
- **City**
- **County**
- **State**
- **ZIP** (must be included)

### Coverage and Rating Information

- **Coincidence (70%, 80%, 90%, 100%)**
  - **% on Building**
  - **% on Business Personal Property**
  - **% on Personal Property of Others**
- **Occupyancy**
  - Lessor
  - Vacant / COC
  - Owner / Occupant
  - Tenant

### 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**
- **Loan Number**
- **Address**
- **City**
- **State**
- **ZIP**

### Prior Insurance

- **Cancellation or Expiration**
  - **Date of Present Coverage**
  - **Present Insurer (If there is no insurance in effect, write “none”)**
  - **Policy Number**
- **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.

- **YES**
- **NO**

### 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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PUBLIC PROTECTION CLASS QUESTIONNAIRE

Current Protection Class (if known)

District:
Class:

Is the property inside City Limits?
YES
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?

Is the building open to trespass?
YES
NO

Is the building being remodeled?

Is the building being moved onto or away from this location?

Is the building in good condition?

Is the building boarded up?

Is the building affixed to its permanent foundation?

Is the building for sale or rent?
YES
NO

Are there any broken windows?

Are all the doors and windows locked?

% Vacant or Unoccupied:

# of Units:

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?

What is the cost of the construction?

Upon completion the building(s) will be:

1-4 Habitational Units

5 or more Habitational Units

Commercial

REMARKS

BRUSH / WILDFIRE INFORMATION

Is property in a Brush / Wildfire Area? (If "YES", sign the BRUSH / WILDFIRE INFORMATION section below)

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.

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