

DWELLING 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 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 the contractor.
3. 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.
4. For a dwelling in the Course of Construction or undergoing a significant remodel / renovation, complete a Commercial application.
5. A fully completed and signed application can be faxed to (213) 252-8084 or emailed to cfpuw@cfpnet.com.

GENERAL GUIDELINES

1. A Dwelling policy may be issued to insure:
 - A building used exclusively for dwelling purposes (other than Course of Construction) with not more than four (4) apartments and with no more than five (5) roomers or boarders in total, including trailer homes, mobile homes, or floating homes used exclusively for dwelling purposes at a fixed location. Trailer or mobile homes are not eligible for Replacement Cost coverage.
 - Household and personal property in an apartment, condominium, or private living quarters of an applicant. (Not eligible for Replacement Cost coverage.)
2. Complete a separate application for each dwelling. Note that a guest house with cooking facilities requires a separate application and cannot be insured as an "Other Structure." A guest house without cooking facilities also requires a separate application if it is being rented to someone other than the owner or tenant of the primary dwelling on the property.
3. Describe any "Other Structures" in the COVERAGE AND RATING INFORMATION section and provide a value for each structure for which specific coverage is required. Attach a schedule, if necessary. "Other Structures" denotes structures other than the dwelling that are not attached to it, such as an unattached garage, tool shed, pool house, swimming pool, fence, gazebo, walkway, etc. A separate amount of insurance may be needed for these items to ensure adequate insurance coverage. These structures are not eligible for insurance under the dwelling program if they are used in whole or in part for commercial, manufacturing, or farming purposes.
4. The standard deductible is \$250.00. However, rate credits for both structure and contents are provided if a higher deductible is requested. Select only one deductible amount.
5. Check one (and only one) box in the COVERAGE AND RATING INFORMATION section for the following items: units, construction and occupancy.

PERILS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE

1. Standard perils insured against include Fire or Lightning, Internal Explosion and Smoke Damage.
2. Additional perils you may insure against that are typically purchased:
 - a. Extended Coverage (ECE). Includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles and Volcanic Eruption.
 - b. Vandalism or Malicious Mischief (VMM). Only available if policy includes ECE.
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). Construction Cost Increase is required for any policy with the Replacement Cost endorsement (see 3.b.).
 - b. Construction Cost Increase (for Dwelling, Condominium Improvements, Alterations and Additions, and, if present, Ordinance or Law Coverage). Automatically included unless declined (subject to maximum limit of liability available).
 - c. Fair Rental Value. Coverage can be purchased for up to 20% of the Dwelling Limit (in addition to the 10% sub-limit built into the policy contract). For condominium unit owners, Fair Rental Value coverage can be purchased for up to 20% of the Improvements, Alterations, and Additions limit.
 - d. Ordinance or Law. Coverage can be purchased for up to 10% of the Dwelling Limit (or 10% of the Improvements, Alterations, and Additions limit for condominium unit owners).
 - e. Other Optional Coverages that may be added to a policy include: Plants, Shrubs and Trees; Fences; Awnings; Outdoor Radio and TV Equipment; Signs; Building Improvements, Additions and Alterations.
 - f. Earthquake Coverage. Available through the California Earthquake Authority (CEA) as a separate policy. Submit separate CEA application (available at www.cfpnet.com).



CALIFORNIA FAIR PLAN PROPERTY INSURANCE APPLICATION FOR DWELLING 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

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)

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"/> \$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> I DECLINE CONSTRUCTION COST INCREASE
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COVERAGE AND RATING INFORMATION - A SEPARATE APPLICATION IS REQUIRED FOR EACH DWELLING

COVERAGES \$ _____ ON DWELLING \$ _____ ON CONTENTS \$ _____ FAIR RENTAL VALUE \$ _____ ORDINANCE OR LAW \$ _____ ON OTHER STRUCTURES _____ (Describe OTHER STRUCTURES) REQUEST ANY ADDITIONAL COVERAGES IN THE REMARKS SECTION	PERILS <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF NUMBER OF STORIES: _____	OCCUPANCY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL <input type="checkbox"/> VACANT OR UNOCCUPIED	CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER (Describe) _____ Approx. Year of Construction	UNITS (Under One Roof) <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRIPLEX <input type="checkbox"/> FOUR-PLEX

TENANTS OR CONDOMINIUM UNIT OWNERS' HOUSEHOLD PERSONAL PROPERTY COVERAGE

COVERAGES \$ _____ ON PERSONAL PROPERTY \$ _____ ON IMPROVEMENTS, ALTERATIONS & ADDITIONS \$ _____ FAIR RENTAL VALUE \$ _____ ORDINANCE OR LAW	PERILS <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM OR MALICIOUS MISCHIEF	CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER (Describe) _____ Approx. Year of Construction	OCCUPANCY <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT OR UNOCCUPIED <input type="checkbox"/> OWNER _____ # OF UNITS IN BUILDING
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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
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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
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?					
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

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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FIRE PROTECTION INFORMATION

Responding fire station (city or county): _____

Is the property inside City Limits? YES 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		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, indicate the number of units vacant or unoccupied and percent of floor area vacant or unoccupied # of Units: _____ % Vacant or Unoccupied: _____		
Are all the doors and windows locked?					

REMARKS

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

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.



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.