

## **COMMERCIAL APPLICATION CHECKLIST**

### **GENERAL INFORMATION**

1. **Complete all sections of the application. Incomplete applications will be returned.** 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. 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.
4. 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.
5. A fully completed and signed application can be faxed to (213) 252-8084, emailed to [cfpuw@cfpnet.com](mailto:cfpuw@cfpnet.com) or mailed to P.O. Box 76924, Los Angeles, CA 90076-0924.

### **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 Commercial Replacement Cost Addendum", Form CFP-RCA-2C must be submitted to determine eligibility for any building more than 50 years old. The form is 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  
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.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE AMOUNT AND TYPE OF COVERAGE IS APPROPRIATE FOR YOUR NEEDS.

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<br>ZIP (must be included) |

**COVERAGE AND RATING INFORMATION**

|  |          |                          |                          |                          |                          |                                   |   |
|--|----------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|---|
| BUILDING                                       | \$ _____ | FIRE                     | ECE                      | VAND                     | S.L.                     | COINSURANCE (70%, 80%, 90%, 100%) | OCCUPANCY<br><input type="checkbox"/> LESSOR<br><input type="checkbox"/> OWNER / OCCUPANT<br><input type="checkbox"/> TENANT<br><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 / EXTRAEXPENSE                 | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ %                           |   |

**COMMERCIAL REPLACEMENT COST**

I request **REPLACEMENT COST** coverage and the building being insured is 50 years old or less. Year Built: \_\_\_\_\_

I request **REPLACEMENT COST** coverage and the building being insured is more than 50 years old. Year Built: \_\_\_\_\_

Note: To qualify, the wiring, plumbing, heating and roof needs to have been updated in the last 10 years.

Year Wiring Updated: \_\_\_\_\_ Year Plumbing Updated: \_\_\_\_\_ Year Heating Updated: \_\_\_\_\_ Year Roof Updated: \_\_\_\_\_

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 |
| 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 |

**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, # of Units: _____<br>indicate the number of units vacant or unoccupied and percent of floor area vacant or unoccupied % Vacant or Unoccupied: _____ |     |    |
| Are all the doors and windows locked?              |     |    |  |     |    |

**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. |               |    |
| _____<br>Signature of the Applicant  | _____<br>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

**IMPORTANT NOTICE TO ALL APPLICANTS**

**WHO CHOOSE TO DEAL DIRECTLY WITH THE FAIR PLAN**

You have 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. Please consider the following items:

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. 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

  

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