

KENTUCKY FAIR PLAN

APPLICATION FOR HOMEOWNERS COVERAGE FORM HO-8

PRODUCER INSTRUCTIONS INCOMPLETE APPLICATIONS WILL BE DELAYED AND/OR RETURNED BY THE FAIR PLAN

IMPORTANT

Returned applications create an unnecessary **expense for you and us**, and delays needed insurance coverage for your Insured. Please refer to the FAIR Plan Manual for help with completing this application.

ELIGIBILITY REQUIREMENTS All applications subject to prior underwriting approval.

PRODUCERS DO NOT HAVE BINDING AUTHORITY.

- PROPERTIES MUST MEET UNDERWRITING REQUIREMENTS. REFER TO MANUALS FOR THESE GUIDELINES.
- FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED.
- PHOTOS OF FRONT AND BACK AND OF ALL OUTBUILDINGS ARE REQUIRED.
- THE FULL INSTALLMENT PREMIUM IS REQUIRED.
- FAIR PLAN DOES NOT DECLINE PROPERTIES DUE TO LOSSES CAUSED BY ACTS OF NATURE, HOWEVER; WE RESERVE THE RIGHT TO REQUIRE HIGHER DEDUCTIBLES DEPENDING ON THE FREQUENCY OF LOSS.
- CONDITION CHARGES WILL BE CHARGED IF APPLICABLE; REFER TO THE MANUAL FOR THESE CHARGES.
- WE DO NOT OVERINSURE. PLEASE REFER TO THE MANUAL FOR MAXIMUM VALUE PER SQUARE FOOTAGE.
- THE MINIMUM WRITTEN ANNUAL PREMIUM IS \$200 AND A MINIMUM RETAINED PREMIUM OF \$100 IS DEEMED FULLY EARNED WHEN ANY COVERAGE IS PROVIDED BY THE ISSUANCE OF A POLICY.
- MAKE CHECKS PAYABLE TO KENTUCKY FAIR PLAN.
- APPLICATION MUST BE LEGIBLE – PLEASE PRINT OR TYPE.
- THE ACTIONS OF A PRODUCER UNDER THIS AND ALL OTHER SECTIONS OF THIS PLAN ARE DEEMED TO BE THE ACTIONS OF THE APPLICANT AND ARE NOT THE ACTIONS OF THE PLAN. INsofar AS THE PRODUCER IS ACTING AS AN AGENT OF ANY PARTY IN CONNECTION WITH ACTIONS UNDER THIS OR ANY OTHER SECTION OF THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN.

THE PRODUCER MAY BE CONTACTED BY TELEPHONE OR E-MAIL ON APPLICATIONS THAT ARE NOT ACCEPTABLE AS WRITTEN. PLEASE RESPOND IMMEDIATELY OR COVERAGE MAY BE DELAYED AND/OR THE APPLICATION RETURNED OR REJECTED.

KENTUCKY FAIR PLAN HOMEOWNERS APPLICATION



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www.kyfairplan.org

INTERNAL USE ONLY	
Agent #:	F. Dept:
Pay Plan:	C. Chgs:
Tax:	Misc:
M. Sub:	

INSURANCE AGENCY AGENCY ADDRESS TAX ID: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS: AGENT #:	POLICY NUMBER <p style="text-align: center;">Photos front and back as well as deposit premium must accompany the application.</p> <p style="text-align: center;">Application must be filled out completely and signed by both the insured and the producer.</p>
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A. PAYMENT PLAN <input type="checkbox"/> 5-PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> MORTGAGEE BILL (Service Charge of \$4.00 applies to each installment)	AMOUNT OF PAYMENT ENCLOSED \$
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B. BINDER WILL BE EFFECTIVE WHEN APPROVED BY THE PLAN OR AFTER 20 CALENDAR DAYS FROM RECEIPT OF THE APPLICATION OR AT A LATER DATE UPON REQUEST. Later Date Requested for Policy: _____

1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)

2. ADDRESS OF APPLICANT _____ Number and Street _____ County _____ City State Zip Code	3. LOCATION OF PROPERTY <input type="checkbox"/> Check if Location is same as address _____ Number and Street _____ County _____ City State Zip Code
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4. MORTGAGEE Loan # _____ Name _____ Street Address _____ City State Zip Code	2nd MORTGAGEE (or Additional Interest) Loan # _____ Name _____ Street Address _____ City State Zip Code
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5. TERRITORY CODE	PROTECTION CLASS	DEDUCTIBLE (Please check deductible desired) <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500
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6. GROUND FLOOR SQUARE FOOTAGE	NUMBER OF STORIES	YEAR OF CONSTRUCTION	7. BUILDING CONSTRUCTION <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MODULAR
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8. FIRE HYDRANT	<input type="checkbox"/> LESS THAN 500 FEET <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 1,000 FEET	FIRE STATION	<input type="checkbox"/> 0 - 5 MILES <input type="checkbox"/> OVER 8 MILES <input type="checkbox"/> 5 - 8 MILES	FIRE DEPARTMENT	<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
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NAME OF RESPONDING FIRE DEPARTMENT	PROPERTY OUTSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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9. WOOD OR COAL STOVE? (If "YES", complete Woodstove Questionnaire on p.6)	<input type="checkbox"/> YES <input type="checkbox"/> NO	EARTHQUAKE COVERAGE Earthquake Deductible %: 5, 10, 15, 20 and 25 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter Deductible: %	MINE SUBSIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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10. INSURANCE COVERAGE DESIRED					
DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY AND PROPERTY DAMAGE Each Occurrence	MEDICAL PAYMENT TO OTHERS Each Occurrence
\$	10% of Coverage A	40% of Coverage A	10% of Coverage A	\$100,000	\$1,000

11. DOES OWNER LIVE IN THE DWELLING BEING INSURED? YES NO

12a. IS THE PROPERTY VACANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	12b. IS THIS PROPERTY CURRENTLY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", WHEN WILL IT BE: _____
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13. ARE ANY MORTGAGE PAYMENTS DELINQUENT? YES NO IS THE PROPERTY IN FORECLOSURE? YES NO

14. IF BUILDING COVERAGE IS DESIRED: Date of Purchase (if one year or less): _____ Purchase Price: \$ _____

15. ESTIMATE OF INSURANCE VALUE (Replacement Cost Value Less Depreciation): \$ _____

16. PRESENT CARRIER AMOUNT OF COVERAGE

WAS POLICY CANCELLED OR NON-RENEWED? YES NO DATE OF CANCELLATION OR NON-RENEWAL

REASON FOR CANCELLATION OR NON-RENEWAL:

17. GIVE REASON FOR SUBMISSION TO THE FAIR PLAN:

18. HAS APPLICANT PREVIOUSLY APPLIED OR BEEN INSURED BY THE KENTUCKY FAIR PLAN? YES NO POLICY NUMBER

IF "YES", GIVE THE REASON FOR THIS APPLICATION:

19. LOSS HISTORY		HAVE THERE BEEN ANY LOSSES IN THE PAST FIVE (5) YEARS FOR THE APPLICANT OR PROPERTY?		IF YES, EXPLAIN BELOW.	
DATE	TYPE	DESCRIBE LOSS IN DETAIL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT

20. I (we) understand and agree:

- a. that submission of this application, either electronically, by mail or other means, does not constitute a binder or acceptance by the Kentucky FAIR Plan. A signed and completed application, accompanied by the deposit premium must be mailed or delivered to the Kentucky FAIR Plan. No coverage is provided until fully approved by the Underwriting Department.
- b. any inspection(s) made pursuant to this application or renewal of any policy issued, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above described property for property insurance underwriting purposes. Inspections, reports or recommendations made pursuant to this application are not designed for or for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or non-existence of hazardous conditions upon the above described or contiguous property.
- c. I (we) hereby authorize and permit you and your representatives to submit copies of any inspections or action reports(s) to members or representatives of the FAIR Plan.
- d. That a minimum written and retained premium of \$100 will be charged and shall be deemed fully earned when any period of coverage is provided by the issuance of a policy.

I (we) hereby certify that I (we) have been unable to obtain the insurance requested in this application through the normal insurance market.

I attest the information completed in this application is true and correct. I understand the Kentucky FAIR Plan will utilize the information provided in making a decision concerning the issuance of the requested coverage.

I understand that the coverage provided by the Kentucky FAIR Plan is a limited coverage and is written on an actual cash value basis.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

The actions of a producer under this and all other sections of this Plan are deemed to be the actions of the applicant and are not the actions of the Plan. Insofar as the producer is acting as an agent of any party in connection with actions under this or any other section of the Plan, the producer shall be deemed to be the agent of the applicant and not the agent of the Plan.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE <small>(Other than Insurance Producer)</small>	DATE	PRODUCER'S SIGNATURE	AGENT NUMBER
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ATTACH PHOTOS

KENTUCKY FAIR PLAN HOMEOWNERS SURVEY

1. ELECTRICAL SERVICE?	<input type="checkbox"/> 2 WIRE	<input type="checkbox"/> 3 WIRE	<input type="checkbox"/> FUSES	<input type="checkbox"/> CIRCUIT BREAKERS	Year Updated: _____
2. IS THIS A SEASONAL DWELLING? (Unoccupied three (3) or more consecutive months during one year period)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3. TYPE OF STRUCTURE:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> CONDOMINIUM
4. OPEN FOUNDATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
5. ROOF TYPE:	<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> WOOD SHINGLE	<input type="checkbox"/> METAL	<input type="checkbox"/> SLATE	<input type="checkbox"/> TILE <input type="checkbox"/> OTHER
6. CHIMNEY CONSTRUCTION:	<input type="checkbox"/> BRICK	<input type="checkbox"/> BLOCK	<input type="checkbox"/> METAL	<input type="checkbox"/> NONE	
7. GARAGE(S):	<input type="checkbox"/> ATTACHED FRAME	<input type="checkbox"/> DETACHED FRAME	<input type="checkbox"/> ATTACHED BRICK OR STONE	<input type="checkbox"/> DETACHED BRICK OR STONE	<input type="checkbox"/> BUILT IN
8. ANY OTHER BUILDING ON THE PREMISES? (If "YES", comment on condition and use)	<input type="checkbox"/> YES <input type="checkbox"/> NO				

GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)

9. ROOF	<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
10. CHIMNEY(S)	<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
11. GARAGE(S)	<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
12. GENERAL CARE AND CLEANLINESS	<input type="checkbox"/> GOOD	<input type="checkbox"/> OTHER
13. ANY REPAIRS OR PAINTING NEEDED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. ANY BROKEN, CRACKED OR MISSING WINDOWS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. ANY WATER OR FLOODING HAZARDS OR EXPOSURES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. ANY REMODELING OR ADDITIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. IS THERE A SWIMMING POOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF "YES", IS IT FENCED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. ATTRACTIVE NUISANCE(S)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. ANY BUSINESS PERFORMED ON PREMISES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. ANY FARMING OR LIVESTOCK? (If "YES", not eligible for homeowners)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. EVIDENCE OF VICIOUS OR AGGRESSIVE ANIMALS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. IS DWELLING ON A HILLSIDE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REMARKS

KENTUCKY FAIR PLAN WOODSTOVE QUESTIONNAIRE

WOODSTOVE

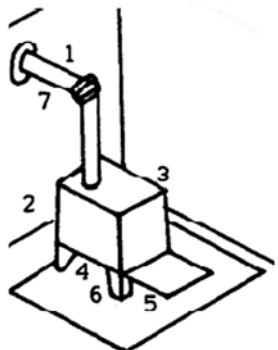
STOVE TYPE	THERMOSTATICALLY CONTROLLED	CONSTRUCTION	USE	FUEL TYPE	INSTALLATION	INSPECTED BY	UL TESTING LABEL
<input type="checkbox"/> FREE STANDING	<input type="checkbox"/> YES	<input type="checkbox"/> SHEET METAL	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> WOOD	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> YES
<input type="checkbox"/> FIREPLACE INSERT	<input type="checkbox"/> NO	<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> COAL	<input type="checkbox"/> INSURED	<input type="checkbox"/> CITY INSPECTOR	<input type="checkbox"/> NO
<input type="checkbox"/> FURNACE ADD-ON		<input type="checkbox"/> OTHER	<input type="checkbox"/> FURNACE ADD-ON	<input type="checkbox"/> PELLET	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE	
DATE OF INSTALLATION: _____							

	YES	NO
SMOKE ALARM IN ROOM?	<input type="checkbox"/>	<input type="checkbox"/>
FIRE EXTINGUISHER IN ROOM?	<input type="checkbox"/>	<input type="checkbox"/>
HEAT SENSOR IN ROOM?	<input type="checkbox"/>	<input type="checkbox"/>
FIRE ALARM SYSTEM IN HOUSE?	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE MATERIAL ON WALLS? Material: _____	<input type="checkbox"/>	<input type="checkbox"/>
IF "YES", ONE INCH AIR GAP BETWEEN SHIELD AND WALL?	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE MATERIAL UNDER UNIT? Material: _____	<input type="checkbox"/>	<input type="checkbox"/>
ASHES REMOVED IN A METAL CONTAINER? (If "NO", what is used?): _____	<input type="checkbox"/>	<input type="checkbox"/>

PIPE ASSEMBLY

	YES	NO
CRIMPED END DOWN TO CONTROL CREOSOTE?	<input type="checkbox"/>	<input type="checkbox"/>
SECURED WITH SHEET METAL SCREWS?	<input type="checkbox"/>	<input type="checkbox"/>
HANGERS IF HORIZONTAL RUN OVER FIVE (5) FEET?	<input type="checkbox"/>	<input type="checkbox"/>
MINIMUM 1/4 INCH RISE PER LINEAR FOOT OF HORIZONTAL RUN?	<input type="checkbox"/>	<input type="checkbox"/>
WALL PASS THROUGH THIMBLE COLLAR OR OPENING AT LEAST 12 INCHES LARGER DIAMETER THAN STOVE PIPE?	<input type="checkbox"/>	<input type="checkbox"/>
NO MORE THAN TWO (2) BENDS?	<input type="checkbox"/>	<input type="checkbox"/>
DOES NOT PASS THROUGH CONCEALED SPACES (e.g., closets, attics, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

MEASUREMENTS - Enter measurements in inches corresponding to the diagram below

	<p>See Diagram (Minimum in parentheses - in inches unless otherwise noted)</p> <p>1. _____ TOP OF PIPE TO CEILING (18")</p> <p>2. _____ REAR OF UNIT TO WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP)</p> <p>3. _____ SIDE OF UNIT TO CLOSEST WALL (36" - NO HEAT SHIELD, 18" WITH HEAT SHIELD AND 1" AIR GAP)</p> <p>4. _____ BOTTOM OF UNIT TO FLOOR (4")</p> <p>5. _____ FRONT OF UNIT TO END OF FLOOR PROTECTION (18")</p> <p>6. _____ SIDE OF UNIT TO END OF FLOOR PROTECTION (12")</p> <p>7. _____ LENGTH OF PIPE HORIZONTAL RUN (HANGERS IF OVER 5', AND 1/4" UPSLOPE FOR EVERY LINEAR FOOT)</p>
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CHIMNEY

CHIMNEY	<input type="checkbox"/> BRICK	<input type="checkbox"/> STONE	<input type="checkbox"/> CEMENT BLOCK	<input type="checkbox"/> METAL TRIPLE WALL
FOR MASONRY CHIMNEYS				
CLAY LINER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FREE OF CRACKS AND CRUMBLING	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILT FROM GROUND UP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SEPARATE LINERS FOR OTHER APPLIANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR ALL CHIMNEYS				
PIPE AND CHIMNEY CLEANED ANNUALLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", BY WHOM?	<input type="checkbox"/> SERVICE <input type="checkbox"/> INSURED

REMARKS