



MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION® INSURANCE APPLICATION

MBPIA USE ONLY
 REC'D DATE _____
 PAYER _____
 CK AMT \$ _____

MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION
 PO BOX 86, DETROIT, MI 48231-0086

MFP _____
 PRIOR MBPIA POL. NO. (IF ANY) _____
 REQUESTED EFF. DATE _____

COVERAGE CAN NOT BECOME EFFECTIVE ANY EARLIER THAN 12:01 AM THE DAY AFTER OUR RECEIPT OF A PROPERLY COMPLETED APPLICATION AND APPROPRIATE PREMIUM.

AGENT CERTIFICATION

I HEREBY CERTIFY THAT I AM LICENSED TO WRITE PROPERTY INSURANCE IN THE STATE OF MICHIGAN FOR THE COMPANY SHOWN BELOW AND THAT I HAVE EXPLAINED THE PROVISIONS OF THE MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION TO THE APPLICANT(S) LISTED.

MBPIA AGENCY ID NO. _____
 FED. ID. OR SS NO. _____
 LIC. AGENT FOR (CO. NAME) _____
 AGENCY NAME AND ADDRESS _____
 AGENCY PHONE NO. _____
 SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE _____ DATE _____

APPLICANT'S NAME AND MAILING ADDRESS (INC COUNTY & ZIP+4)

 PHONE NO. _____

APPLICANT IS
 PROPERTY OWNER
 MTGE LIENHOLDER
 TENANT

PROCESS APP UNDER
 INST. PAY PROGRAM
 BILL RENEWAL PREMIUM TO
 MORTGAGEE INSURED

LOCATION OF PROPERTY IF DIFF FROM ABOVE (INC COUNTY AND ZIP)

ADDITIONAL INTEREST	NAME AND ADDRESS	LOAN NO.
INT # <input type="checkbox"/> MORTGAGEE		
<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> LAND CONTRACT HOLDER/PURCHASER		
<input type="checkbox"/> ADD'L INSURED		

ADDITIONAL INTEREST	NAME AND ADDRESS	LOAN NO.
INT # <input type="checkbox"/> MORTGAGEE		
<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> LAND CONTRACT HOLDER/PURCHASER		
<input type="checkbox"/> ADD'L INSURED		

INSURANCE DESIRED
 DWG FIRE
 COMMERCIAL FIRE

HO2 REPL COST
 HO2 REPAIR COST (MKT VAL)

HO4 CONTS ONLY
 HO6 CONDO/CO-OP

PROPERTY INFORMATION

<input type="checkbox"/> FRAME	<input type="checkbox"/> PLASTIC SIDING	YR BUILT	PURCH DATE	MARKET VALUE	STRUCTURE TYPE	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> VACANT
<input type="checkbox"/> MASONRY	<input type="checkbox"/> ASBESTOS SIDING			\$	<input type="checkbox"/> MODULAR		
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES		PURCH PRICE	\$	<input type="checkbox"/> BLDRS RISK		

PROTECT CLASS	DISTANCE TO
	HYDRANT
	FIRE STATION
	FT MI

FIRE DISTRICT/NAME

IF VACANT, HOMEOWNER COVERAGE IS NOT AVAILABLE HOWEVER A FIRE POLICY MAY BE. ATTACH A COMPLETED VACANCY QUESTIONNAIRE FORM BPI-IV SIGNED BY THE APPLICANT(S). V.M.M. COVERAGE IS NOT AVAILABLE ON ANY VACANT PROPERTY.

IS THIS PROPERTY USED FOR OR IN CONJUNCTION WITH ANY COMMERCIAL FARMING OPERATIONS? NO YES

COMPLETE EITHER SECTION 1, 2, OR 3 ONLY

SECTION 1. HOMEOWNER ONLY SECTION

FORM HO 2

OWNER OCCUPIED DWELLING: # OF FAMILIES _____ PRIMARY RES SECONDARY RES SEASONAL RES

REPLACEMENT COST OF DWELLING: \$ _____ DEDUCTIBLE AMOUNT \$100 \$250 \$500

DWELLING COVERAGE A (HO2/HO2 REPAIR) \$ _____

PERSONAL LIABILITY EACH OCCURRENCE \$100,000 \$200,000 \$300,000 MEDICAL PAYMENTS TO OTHERS EACH OCCURRENCE - \$1000 ONLY

INCREASED LIMITS ON OTHER STRUCTURES \$ _____ DESCRIBE OTHER STRUCTURE _____

INFLATION GUARD ENDORSEMENT? NO YES IF YES, PLEASE CHECK ONE, 4% 6% 8%

WATER DAMAGE ENDORSEMENT? NO YES IF YES, PLEASE CHECK ONE, \$2,500 MAXIMUM LIMIT \$5,000 MAXIMUM LIMIT

ANY BUSINESS ACTIVITY ON THE PREMISES? NO YES IF YES, EXPLAIN _____

FORM HO 4 OR 6

DWELLING: TOTAL # OF FAMILIES _____ APARTMENT (GREATER THAN 5 FAMILIES) _____ TOTAL # OF UNITS _____

DEDUCTIBLE AMOUNT \$100 \$250 \$500

PERSONAL PROPERTY COVERAGE C \$ _____

PERSONAL LIABILITY EACH OCCURRENCE \$100,000 \$200,000 \$300,000

MEDICAL PAYMENTS TO OTHERS EACH OCCURRENCE - \$1000 ONLY

ANY BUSINESS ACTIVITY ON THE PREMISES? NO YES IF YES, EXPLAIN _____

SECTION 2. DWELLING FIRE ONLY SECTION (NO THEFT OR LIABILITY COVERAGE IS AVAILABLE)

OWNER OCCUPIED DWELLING: # OF FAMILIES _____	PRIMARY RES <input type="checkbox"/>	SEASONAL RES <input type="checkbox"/>
NON-OWNER OCCUPIED DWELLING: # OF FAMILIES _____	RENTAL <input type="checkbox"/>	SEASONAL RENTAL <input type="checkbox"/>
PERILS TO BE INSURED: FIRE ONLY <input type="checkbox"/>	FIRE & EXTENDED COVERAGE <input type="checkbox"/>	FIRE, EXTENDED COVERAGE & V.M.M. <input type="checkbox"/>
DEDUCTIBLE AMOUNT: \$250 <input type="checkbox"/>	\$500 <input type="checkbox"/>	
BUILDING COVERAGE: \$ _____	CONTENTS \$ _____	
OTHER STRUCTURE: \$ _____	DESCRIBE OTHER STRUCTURE _____	
ANY BUSINESS ACTIVITY ON THE PREMISES? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN _____		

SECTION 3. COMMERCIAL FIRE ONLY SECTION (NO THEFT OR LIABILITY COVERAGE IS AVAILABLE)

APARTMENT (GREATER THAN 5 FAMILIES) _____	TOTAL # OF UNITS _____	# OF UNITS OCCUPIED _____
COMMERCIAL OCCUPANCY (DESCRIBE) _____	% OF BUILDING OCCUPIED _____ %	
PERILS TO BE INSURED: FIRE ONLY <input type="checkbox"/>	FIRE & EXTENDED COVERAGE <input type="checkbox"/>	FIRE, EXTENDED COVERAGE & V.M.M. <input type="checkbox"/>
DEDUCTIBLE AMOUNT \$250 <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$1000 <input type="checkbox"/>
	\$2500 <input type="checkbox"/>	\$5000 <input type="checkbox"/>
	OTHER \$ _____	
COINSURANCE AMOUNT NONE <input type="checkbox"/>	80% <input type="checkbox"/>	90% <input type="checkbox"/>
	100% <input type="checkbox"/>	
BUILDING COVERAGE: \$ _____	CONTENTS \$ _____	
OTHER STRUCTURE: \$ _____	DESCRIBE OTHER STRUCTURE _____	

PROPERTY, LOSS, & DAMAGE DETAILS

FOR THE PROPERTY ON WHICH COVERAGE IS BEING REQUESTED, PLEASE INDICATE BELOW: 1) ALL LOSSES THAT HAVE OCCURRED IN THE PAST FIVE YEARS (INCLUDE DATES, TYPES AND AMOUNTS) 2) ANY UNREPAIRED DAMAGES FROM A LOSS BEING DESCRIBED, 3) OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AND 4) ANY GOVERNMENTAL ORDERS TO DESTROY, VACATE OR REPAIR THE PROPERTY. **IF NECESSARY, ATTACH ADDITIONAL DETAILS OR COMMENTS ON A SEPARATE SHEET OF PAPER AND STAPLE IT TO THIS APPLICATION.**

1. _____
2. _____
3. _____
4. _____

REQUIRED PROPERTY INSPECTIONS

INSPECTIONS AND ANY INSPECTION REPORT ARE FOR PROPERTY INSURANCE UNDERWRITING PURPOSES ONLY. REGARDLESS OF WHETHER A POLICY IS ISSUED, MBPIA WILL NOT BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION OR ANY REPORT OF THE PHYSICAL CONDITIONS OF THE PREMISES, OR FROM COMPLIANCE OR NON-COMPLIANCE BY THE PROPERTY OWNERS OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN SUCH REPORTS.

THIS IS TO PROVIDE YOU WITH THE FOLLOWING NOTIFICATION CONCERNING THE ABOVE TRANSACTION AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). "AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION PERTAINING TO THE CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING." ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF SUCH INVESTIGATION REQUESTED WILL BE FURNISHED UPON OUR RECEIPT OF YOUR WRITTEN REQUEST TO THIS OFFICE.

AN EXTERIOR AND INTERIOR INSPECTION OF THIS PROPERTY MAY BE REQUIRED. PLEASE PROVIDE US WITH THE FOLLOWING:

NAME OF PERSON TO CONTACT FOR AN INSPECTION _____ PHONE NUMBER (____) _____

IMPORTANT INFORMATION

COVERAGE CANNOT BECOME EFFECTIVE ANY EARLIER THAN 12:01 AM THE DAY AFTER OUR RECEIPT OF A PROPERLY COMPLETED APPLICATION AND APPROPRIATE PREMIUM.

ALL POLICIES BECOME EFFECTIVE AT 12:01 AM.

YOUR AGENT IS AUTHORIZED TO SUBMIT YOUR APPLICATION TO MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION (MBPIA). **HOWEVER, NO AGENT IS A REPRESENTATIVE OF MBPIA AND NO AGENT CAN BIND COVERAGE ON THIS OR ANY APPLICATION.**

PREMIUMS QUOTED BY YOUR AGENT ARE ONLY ESTIMATES AND ARE SUBJECT TO CHANGE UPON REVIEW AND/OR COMPLETION OF AN INSPECTION BY MBPIA.

INITIAL PAYMENTS, LESS THAN THE FULL ANNUAL PREMIUM, WILL BE TREATED AS A REQUEST FOR PROCESSING UNDER OUR INSTALLMENT PAYMENT PROGRAM AND WILL BE SUBJECT TO A SERVICE CHARGE.

IF THE PROPERTY FOR WHICH THIS APPLICATION IS SUBMITTED IS FOUND NOT QUALIFIED FOR COVERAGE THROUGH MBPIA, THE POLICY WILL BE RESCINDED AND ALL PREMIUM RECEIVED BY MBPIA WILL BE RETURNED TO THE APPLICANT.

WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE WHICH CONTRIBUTES TO THE LOSS OR TO THE AMOUNT OF LOSS MAY VOID THE INSURANCE POLICY PURSUANT TO STATE LAW.

APPLICANT CERTIFICATION THIS APPLICATION MUST BE SIGNED BY EITHER THE APPLICANT, MORTGAGEE OR OTHER AUTHORIZED SIGNER. A MORTGAGEE OR OTHER SIGNER REPRESENTS AND WARRANTS THAT IT HAS EXPRESS AUTHORIZATION FROM A QUALIFIED APPLICANT(S) TO SUBMIT THIS APPLICATION FOR INSURANCE.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND ALL INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE _____ DATE _____

MORTGAGEE/SIGNER SIGNATURE _____ DATE _____