



# WEST VIRGINIA ESSENTIAL PROPERTY INSURANCE ASSOCIATION BASIC PROPERTY INSURANCE APPLICATION

DATE

190 N. Independence Mall West , Suite 301, Philadelphia, PA 19106-1554    1-800-462-4972    FAX: (215) 409-9100

**THIS APPLICATION IS NOT A BINDER**

**www.wvfairplan.com**

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

<b>1</b>	<b>APPLICANT'S NAME</b>	NAME				<b>FALSE STATEMENTS MAY VOID YOUR POLICY</b>
<b>2</b>	<b>APPLICANT IS:</b>	a. <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	b. <input type="checkbox"/> ESTATE; IF SO, INDICATE DATE OF DEATH:			
<b>3</b>	<b>LOCATION OF PROPERTY</b>	#	STREET	RESPONDING FIRE DISTRICT		
		CITY OR TOWN		COUNTY	<b>WV</b>	ZIP
<b>4</b>	<b>APPLICANT'S MAILING ADDRESS</b>	#	STREET	TELEPHONE # (    )		
		CITY		STATE	ZIP	E-MAIL ADDRESS
<b>5</b>	<b>LIENHOLDER NAME AND ADDRESS</b>	NAME		ACCOUNT #	MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE	
		#	STREET	CITY	STATE	ZIP
<b>5</b>	<b>SECOND LIENHOLDER NAME AND ADDRESS</b>	NAME		ACCOUNT #	MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE	
		#	STREET	CITY	STATE	ZIP
<b>6</b>	NAME OF PERSON INSPECTOR MAY CONTACT IN THE LOCAL AREA TO INSPECT INTERIOR			DAYTIME TELEPHONE # (    )		
<b>7</b>	a. TYPE OF BUILDING CONSTRUCTION		b. # FAMILIES	c. BUILDING OCCUPIED AS		d. IS ELECTRIC SERVICE AT LEAST 60 AMP? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8</b>	a. HYDRANT WITHIN 1000 FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. FIRE STATION WITHIN 5 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. FARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	e. CONDOMINIUM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>9</b>	<b>ITEM #</b>	<b>AMOUNT OF INSURANCE</b>	<b>CO INS</b>	<b>PROPERTY TO BE COVERED</b>		<b>10</b>
	1			BUILDING		<input type="checkbox"/> FIRE OR GROUP I PERILS <input type="checkbox"/> EXTENDED COVERAGE OR GROUP II <input type="checkbox"/> V&MM (Commercial Only) <input type="checkbox"/> SPRINKLER LEAKAGE (Commercial Only) <input type="checkbox"/> MINE SUBSIDENCE
	2			HOUSEHOLD FURNISHINGS		
	3			BUSINESS PERSONAL PROPERTY OF		
	4			OTHER CONTENTS (SPECIFY)		
	5					
<b>11</b>	IS PROPERTY VACANT OR UNOCCUPIED (FULLY OR PARTIALLY) AND / OR UNDER RENOVATIONS? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25 / ACORD 65 PA/DE/WV. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>12</b>	IS ANY PORTION OF THE BUILDING EXPECTED TO BE UNOCCUPIED OR VACANT DURING POLICY PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", WHEN?	IF "YES", HOW LONG?	IF "YES", WHY?	
<b>13</b>	ANY EXISTING PROPERTY DAMAGE? IF "YES", EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>14</b>	a. ANY LOSSES WITHIN PAST FIVE YEARS? IF "YES", LIST DATE, KIND OF LOSS, AND AMOUNT. <input type="checkbox"/> YES <input type="checkbox"/> NO					
	b. HAS ANY OTHER BUILDING OR PROPERTY YOU OWN OR HAVE OWNED, SUFFERED ANY DAMAGE IN THE LAST FIVE YEARS? IF YES, PROVIDE DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>15</b>	IS BUILDING A TRAILER OR MOBILE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF "YES", ON CONTINUOUS ENCLOSED MASONRY FOUNDATION? (IF NOT AT A PERMANENT FIXED LOCATION, IT IS NOT ELIGIBLE FOR COVERAGE.) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. IF "YES", IS IT TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			c. IF "YES", ARE WHEELS REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		d. WILL IT BE MOVED DURING POLICY TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	MAKE	MODEL	YEAR	SERIAL #		
<b>16</b>	IF BUILDING COVERAGE IS REQUESTED, GIVE PURCHASE INFORMATION		MONTH	YEAR	PRICE \$	ANY LATER ADDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO
						PRICE OF ADDITION(S) OR IMPROVEMENTS \$
<b>17</b>	ESTIMATED FULL INSURABLE (ACTUAL CASH) VALUE OF PROPERTY		BUILDING \$		CONTENTS \$	
<b>18</b>	a. APPROXIMATE YEAR BUILT	b. NUMBER OF STORIES		c. OUTSIDE DIMENSIONS OF BUILDING (DO NOT INCLUDE LAND DIMENSIONS)		

19	OTHER INSURANCE IN FORCE			COMPANY	AMOUNT	EXPIRATION DATE
					\$	
20	HAVE ANY UTILITIES BEEN DISCONNECTED AND/OR ACCOUNT(S) UNPAID FOR 60 DAYS OR MORE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WW. <input type="checkbox"/> YES <input type="checkbox"/> NO					
21	ARE ANY TAXES UNPAID OR OVERDUE FOR 1 YEAR OR MORE?		IF "YES", TYPE OF TAXES		IF "YES", DATE DUE	IF "YES", AMOUNT DUE
	<input type="checkbox"/> YES <input type="checkbox"/> NO					\$
	IF "YES", EXPLAIN THE REASONS FOR THE DELINQUENCY AND PROVIDE A COPY OF THE BUDGET PLAN TO REPAY FROM THE GOVERNMENTAL ENTITY.					
22	a. HAS APPLICANT, MORTGAGEE, LOSS PAYEE OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY EVER BEEN INDICTED FOR OR CONVICTED OF THE CRIME OF ARSON OR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WW. <input type="checkbox"/> YES <input type="checkbox"/> NO					
	b. ARE THERE ANY CURRENT VIOLATIONS OF FIRE SAFETY, HEALTH, BUILDING, OR CONSTRUCTION CODES OR IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING? IF "YES", COVERAGE IS NOT AVAILABLE. <input type="checkbox"/> YES <input type="checkbox"/> NO					
	c. IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WW. <input type="checkbox"/> YES <input type="checkbox"/> NO			d. ARE MORTGAGE PAYMENTS UNPAID OR IN ARREARS? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WW. <input type="checkbox"/> YES <input type="checkbox"/> NO		
23	IS THIS PROPERTY, OR ARE YOU (ON BEHALF OF ALL INSURED), IN BANKRUPTCY? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WW. PLEASE PROVIDE A COPY OF THE BANKRUPTCY FILING. IMMEDIATE COVERAGE IS NOT AVAILABLE. <input type="checkbox"/> YES <input type="checkbox"/> NO					
24	MINE SUBSIDENCE			IS THERE EXISTING DAMAGE OR DAMAGE IN PROGRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	WAIVER OF INSURANCE: I (WE) DO NOT DESIRE COAL MINE SUBSIDENCE INSURANCE COVERAGE AND HEREBY WAIVE ANY RIGHT TO SUCH COVERAGE, UNDER THIS POLICY OR ANY FUTURE POLICY COVERING MY (OUR) INTEREST IN THE PROPERTY DESCRIBED IN THE POLICY (IN THE APPLICATION), UNLESS I (WE) REQUEST COAL MINE SUBSIDENCE COVERAGE, IN WRITING, AT SOME FUTURE DATE.					
						SIGNATURE OF APPLICANT (ON BEHALF OF ALL APPLICANTS) X
25	** IMPORTANT **					
	A POLICY IF ISSUED IS IN CONSIDERATION OF THE PROVISIONAL PREMIUM CHARGED AND THE ANSWERS GIVEN. MISREPRESENTATIONS CAN RENDER A POLICY NULL AND VOID OR CAUSE PROMPT CANCELLATION. IN MAKING THIS APPLICATION, I UNDERSTAND THAT A PHYSICAL, INTERIOR INSPECTION OF THE ABOVE MENTIONED PROPERTY IS REQUIRED. I FURTHER UNDERSTAND THAT IF A POLICY IS ISSUED AS A RESULT OF THIS APPLICATION, THAT POLICY AND THE PREMIUM CHARGED WILL BE CONSIDERED A "PROVISIONAL" POLICY UNTIL SUCH TIME THAT THE INSPECTION CONFIRMS THE ELIGIBILITY AND INSURABILITY OF THE PROPERTY AS WELL AS DETERMINES THE ACTUAL FINAL RATES. I AGREE TO PAY ANY ADDITIONAL PREMIUMS THAT MAY BECOME DUE AS A RESULT OF AN INSPECTION. I ALSO UNDERSTAND THAT THE LICENSED AGENT SHOWN IS A SOLICITING AGENT AND ONLY AUTHORIZED TO SUBMIT MY APPLICATION AND CANNOT BIND POLICY COVERAGE OR OTHERWISE COMMIT THE WEST VIRGINIA ESSENTIAL PROPERTY INSURANCE ASSOCIATION.					
	THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE AND CORRECTLY REPORTED AS REPRESENTATIONS AND NOT WARRANTIES AND SHALL FORM THE BASIS FOR AND BE A PART OF ANY CONTRACT OF INSURANCE.					
	WITNESS X			SIGNATURE OF APPLICANT (ON BEHALF OF ALL APPLICANTS) X		
26	I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE:			BROKER	AGENT	OF WV
	TAX ID #	LICENSE #		EXPIRING		
	I CERTIFY THAT PRIOR TO THIS SUBMISSION I HAVE ATTEMPTED AND BEEN UNSUCCESSFUL IN PLACING THE COVERAGE REQUESTED IN A STANDARD MARKET INSURER. I FURTHER CERTIFY THAT I HAVE CONSULTED WITH THE APPLICANT NAMED ON THIS APPLICATION AND THAT THE ANSWERS PROVIDED ARE THOSE GIVEN TO ME BY THE APPLICANT. THE FOREGOING ANSWERS OF THE APPLICANT ARE TO THE BEST OF MY KNOWLEDGE COMPLETE, TRUE AND CORRECTLY REPORTED BY THE APPLICANT, AS REPRESENTATIONS AND SHALL FORM THE BASIS FOR ANY COVERAGE PROVIDED. IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. THE UNDERSIGNED IS A SOLICITING AGENT ONLY OF THE ESSENTIAL PROPERTY INSURANCE ASSOCIATION AND, AS SUCH, IS ONLY AUTHORIZED TO SOLICIT AND SUBMIT APPLICATION FOR INSURANCE. THE UNDERSIGNED MAY NOT BIND OR ISSUE POLICIES OF INSURANCE FOR THE ESSENTIAL PROPERTY INSURANCE ASSOCIATION.					
	SIGNATURE OF SOLICITING AGENT X			AGENT'S E-MAIL ADDRESS		
	NAME OF LICENSED AGENT OR BROKER	NAME (TYPE OR PRINT - DO NOT STAMP OR ATTACH STICKER)				TELEPHONE #
ADDRESS	#	STREET		CITY	STATE	ZIP
28	IMMEDIATE COVERAGE REQUIRES FULL / 60% PAYMENT WITH THIS APPLICATION. APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED. IMPORTANT: IMMEDIATE COVERAGE MAY NOT BE PERMITTED. SEE INSTRUCTIONS. INSERT DATE ONLY WHEN IMMEDIATE COVERAGE IS REQUESTED.					PLEASE MAKE A COPY FOR YOUR RECORDS  (FOR OFFICE USE ONLY)
	DESIRED EFFECTIVE DATE		GROSS PREMIUM SUBMITTED			
			\$			
	THE EARLIEST EFFECTIVE DATE WILL BE THE DATE RECEIVED BY THE PLAN AT NOON (EST) OR A SUBSEQUENT DATE. EARLIER DATES NOT ACCEPTED.					
FUTURE BILLS TO: <input type="checkbox"/> INSURED <input type="checkbox"/> PRODUCER <input type="checkbox"/> MORTGAGEE						



**WEST VIRGINIA ESSENTIAL PROPERTY INSURANCE ASSOCIATION  
BASIC PROPERTY INSURANCE APPLICATION**

**\*\*\* INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSURANCE \*\*\***

**TO COMPLETE, PRINT AND PRESS FIRMLY WITH BALL POINT PEN OR TYPEWRITE**

**EACH SECTION IS NUMBERED TO ASSIST YOU IN PROPERLY COMPLETING THE APPLICATION  
INCOMPLETE APPLICATIONS INCLUDING THOSE WITH INSUFFICIENT PREMIUM WILL NOT  
BE PROCESSED AND WILL BE RETURNED**

**SECTION 1: APPLICANT'S NAME**

\*Provide first name, middle initial and last name of each applicant. If an estate, provide the name of the estate and the executor or administrator of the estate.

If a corporation or other fictitious entity, provide the full name.

If applicant has filed for bankruptcy protection, provide name of trustee or administrator. \*(No initials can be accepted, full legal name required.)

**SECTION 2: APPLICANT'S INTEREST**

a. Indicate applicant's interest in the appropriate block.

b. Check block if part of an estate. If so, indicate date of death.

**SECTION 3: LOCATION OF PROPERTY**

Provide all the information requested in the spaces provided including the ZIP code of the property to be insured. R.D. numbers or P.O. Box numbers cannot be accepted for the location. If no specific street location can be provided, use the route number or road name. If further direction is needed, complete and attach (Form WVFP-119) location questionnaire. Applications wherein the described location is not acceptable as determined by the Plan, will be returned as incomplete.

**SECTION 4: APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS**

If different from the location of the property to be insured, provide all information requested including ZIP code in the spaces shown. If the same as the property to be insured, write the word "Same" in each space.

**Provide the applicant's daytime telephone number. Provide the applicant's e-mail address (if any).**

**SECTION 5: LIENHOLDER**

Provide name, applicable loan/account number and the mailing address, including the ZIP code, of the mortgagee, loss payee, or lenders loss payee and check the applicable block. If the entity listed is other than a recognized lending institution, proof of that interest must accompany the application. If the entity listed is a lender loss payee, a copy of the applicable security agreement must be submitted. If no entity is to be shown, insert the word "none."

**SECTION 6: NAME OF PERSON INSPECTOR MAY CONTACT**

Provide the name and telephone number of the person in the local area who can be contacted during normal business hours to arrange for an interior inspection of the property described under SECTION 3.

**SECTION 7: DESCRIPTION OF PROPERTY**

a. Provide basic construction such as frame, brick, masonry or fire resistive.

b. Provide the number of families.

c. Describe all occupancies in full.

**SECTION 8: CHECK APPLICABLE BLOCKS**

a. Respond to the questions.

b. For purposes of this application, seasonal occupancy is defined as that property with continuous unoccupancy of three or more consecutive months during any one year period.

c. For purposes of this application, farm property is defined as all buildings and their contents, whether occupied by the owner or by an employee or by a tenant, located on or used in connection with land devoted to any one or more of the following purposes:

1. Cultivation of the soil,

2. Rearing or keeping live stock,

3. Producing fruit, grain, vegetables, poultry, hay or other produce for commercial or business purposes.

d. Respond to the question.

**SECTION 9: COVERAGE AMOUNTS REQUESTED**

Complete this section by inserting the amount of insurance desired onto the appropriate line. Line 3, Business Personal Property includes furniture and fixtures, machinery and improvements and betterments. If insurance on all Business Personal Property is not desired, use Line 4 and specify whether stock or furniture and fixtures or machinery and improvements or customers goods are to be covered. It is also important to identify on Lines 3 and 4, the nature of Business Personal Property involved. Do not combine Household Furnishings with Business Personal Property. Use Line 2 to insure Household Furnishings of owner occupied premises and Line 5 to apply for insurance on Landlord's Household Furnishings in tenant occupied residences or apartments.

Refer to FAIR Plan General Rules for maximum amounts as limited by occupancy, construction and protection.

**SECTION 10: PERILS OR COVERED CAUSES OF LOSS DESIRED MEAN:**

<b>NAME OF BLOCK</b>	<b>PERILS UNDER DWELLING POLICY</b>	<b>CAUSES OF LOSS COMMERCIAL POLICY</b>
FIRE OR GROUP I PERILS	Fire, Lightning, Internal Explosion	Fire, Lightning, Explosion
EXTENDED COVERAGE OR GROUP II	Windstorm or Hail, Explosion, Riot or Civil Commotion; Damage by Aircraft or Vehicles and Smoke	Same as Dwelling Policy plus Sinkhole Collapse
VANDALISM	Not Covered	Vandalism or Malicious Mischief
MINE SUBSIDENCE	From Collapse of man-made underground coal mines	Same as Dwelling Policy
SPRINKLER LEAKAGE	Not covered	Leakage of Sprinklers within the Building

Vandalism & Sprinkler Leakage Coverages cannot be purchased without Group II on Commercial policies and cannot be purchased on Dwelling Policies.

**SECTION 11: RESPOND TO THE QUESTION.**

If answered "YES" attach a completed Supplementary Questionnaire (PDWV- 25/ACORD 65 PA/DE/WV), signed by the applicant, together with copies of pertinent contracts.

SECTION 12:  
SECTION 13:  
SECTION 14:  
SECTION 15:

**RESPOND TO THE QUESTIONS.**  
If additional space is needed, attach a separate sheet.

SECTION 16:  
SECTION 17:  
SECTION 18:

**PROVIDE COMPLETE INFORMATION AS REQUESTED.**  
"Actual Cash Value" means the cost to repair or replace the property less deductions for physical deterioration, depreciation and obsolescence.

**SECTION 19: OTHER INSURANCE IN FORCE**

Provide name of each company, amount of insurance and expiration date of other fire insurance on this property. If additional space is needed, attach a separate sheet. Note FAIR Plan does not write Excess Insurance but if applying for primary insurance, be sure to identify other insurance as excess.

SECTION 20:  
SECTION 22:  
SECTION 23:

**RESPOND TO THE QUESTIONS. IMMEDIATE COVERAGE IS NOT AVAILABLE.**  
If the answer is "YES" under any of these, attach a Supplementary Questionnaire (PDWV- 25/ACORD 65 PA/DE/WV), signed by the applicant, giving a full explanation in the space provided OR in a separate letter, signed by the insured giving a full explanation

SECTION 21:

**RESPOND TO THE QUESTION. IMMEDIATE COVERAGE MAY NOT BE AVAILABLE IF THE ANSWER IS YES.**

**SECTION 24: MINE SUBSIDENCE**

Respond to the question. **NOTE:** You must sign the statement of waiver, if you **do not want** coverage and the property is located in any county **other than** Berkley, Cabell, Calhoun, Hampshire, Hardy, Jackson, Jefferson, Monroe, Morgan, Pendleton, Pleasants, Ritchie, Roane, Wirt, or Wood counties.

**SECTION 25: APPLICANT'S SIGNATURE IS REQUIRED AND *MUST BE WITNESSED*.**

If the applicant is a "fictitious entity", this section is to be completed by providing the name of the applicant above the signature line and providing the signature and title of the applicant's authorized representative on the line designated "Signature of Applicant."

For example:

Signature of Applicant  
(on behalf of all applicants) \_\_\_\_\_ President  
ABC Corporation

If the applicant is an estate, the application must be signed by the executor or administrator.

For example:

Signature of Applicant  
(on behalf of all applicants) \_\_\_\_\_ Exec.  
Estate of John Jones, Deceased

**SECTION 26: PROVIDE COMPLETE INFORMATION AS REQUESTED AND SIGN.**

This area must be *personally signed* by a licensed insurance agent or broker. Type or print clearly the Tax I.D. Number.

**SECTION 27: PRODUCER OF RECORD**

Type or print clearly the name, address and telephone number of the producer.

**SECTION 28: REQUEST FOR IMMEDIATE COVERAGE**

To be completed only when Immediate Coverage is desired and permitted. See Instructions on reverse side of last copy of application.

**Upon completion of the application, remove instruction sheet and retain a copy for your records. Submit two copies (including the original) of the application together with any required documentation and remittance, if applicable to the FAIR Plan office:**

**190 N. Independence Mall West, Suite 301  
Philadelphia, PA 19106-1554**

**FOR FURTHER INFORMATION OR ASSISTANCE IN COMPLETING THE ATTACHED APPLICATION,  
CONTACT THE FAIR PLAN OFFICE:**

**PHILADELPHIA, PA  
www.wvfairplan.com  
TEL: 215-629-8800  
FAX: 215-409-9100  
TOLL FREE: 800-462-4972  
We Do Not Accept FAX of Applications or Checks**

**IMMEDIATE COVERAGE INFORMATION  
APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED**

**PROVISIONAL RATE / PREMIUM**

**DWELLINGS, MOBILE HOMES  
AND HOUSEHOLD CONTENTS IN USE.**

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures. Subject to minimum premiums.

**ALL OTHER CLASS RATED AND SCHEDULE  
RATED RISKS (COMMERCIAL BUSINESS)**

Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures for Commercial Business. Subject to minimum premiums.

NOTE: All Checks and /or money orders shall be made payable to "WV FAIR PLAN". The total premium must accompany this request.

Call TOLL FREE 1- (800) 462-4972, (press 1 for customer service) for the current information.

The FAIR Plan does not automatically accept binding premium checks. Please refer to West Virginia FAIR Plan General Rules-Manual of Procedures for those properties ineligible for immediate coverage.

Upon receipt of a properly completed application accompanied by the appropriate provisional premium, and upon tentative determination by the Plan that the risk is eligible for coverage in the Plan, a one year policy will be issued subject to confirmation of eligibility, insurability and promulgation of final rates. Vacant property or those properties/titleholders involved in bankruptcy proceedings, as well as any other property wherein the FAIR Plan General Rules indicate that an inspection or additional underwriting information may be necessary prior to a decision on acceptance of coverage, are not eligible for immediate coverage

Coverage will become effective at Noon (Eastern Standard Time) on the day that the premium is received in the office of the Plan, unless a subsequent date is requested by the applicant or his/her representative. An application or premium shall be considered received only upon actual delivery on a normal business day and during normal business hours of the FAIR Plan at the office of the Plan. An application or premium which arrives at the office of the Plan on Saturday, Sunday, holiday, and/or after the close of business shall not be considered received until the next normal business day thereafter.

When it is determined, after inspection, that the property is eligible and insurable, the final policy rates will be promulgated and the policy premium will be adjusted from the inception date of the policy. When it is determined, after inspection, that the property is uninsurable due to conditions, the Plan will issue a declination to the insured and his representative. The declination will specify the reason(s) for uninsurability and include a copy of the inspection report. The Plan may, at its discretion, allow a period of time for the correction of the condition(s). Failure to notify the Plan in writing within that period of time of the condition(s) being corrected may result in policy cancellation.

**IMPORTANT NOTICE**

Inspection(s) made under the Program and any report of the inspection(s) are for property insurance underwriting purposes only. Regardless of whether a policy is issued, the FAIR Plan and any inspection agency which may from time to time be employed or designated by the FAIR Plan to inspect, determine and report the condition of properties will not be liable for any injury or damage claimed to arise from the inspection or any subsequent report of the physical conditions of the premises, from related activities, or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in such report(s).

**APPEAL PROCEDURE**

An applicant or insured may appeal for reconsideration of an Underwriting Decision or action within fifteen (15) days after the date of notification of such decision or action by submitting the appeal in writing and setting forth the basis for such an appeal, to the Appeals Committee, West Virginia Essential Property Insurance Association, 190 N. Independence Mall West, Suite 301, Philadelphia, PA 19106-1554. Any decision or ruling on an appeal may be further appealed to the West Virginia Insurance Department, 1124 Smith Street, P.O. Box 50540, Charleston, WV 25305, within ten (10) days of the date of any such decision or ruling.