



**INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA  
DWELLING PROPERTY 2 - BROAD FORM APPLICATION SUPPLEMENT**

190 N. Independence Mall West, Suite 301  
Philadelphia, PA 19106-1554  
(215) 629-8800 1-800-462-4972  
FAX (215) 409-9100

Date: \_\_\_\_\_ File No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Location of Property: \_\_\_\_\_

1. Is property vacant? (If "YES", property not eligible)  YES  NO
2. Is property a mobile home? (If "YES", property not eligible)  YES  NO
3. Is property currently under construction or rehabilitation? (If "YES", property not eligible)  YES  NO
4. Does the property have a primary heating source that is thermostatically controlled (temperature can be preset)? (If "NO", property not eligible)  YES  NO
5. Does the property exhibit any evidence of roof, ceiling, wall, window, or plumbing leaks? (If "YES", property not eligible)  YES  NO
6. Is the requested amount of insurance on the building equal to at least 80% of the replacement cost? (If "NO", property not eligible)  YES  NO  
Replacement Cost of the Building: \$ \_\_\_\_\_  
Requested Amount of Insurance on the Building: \$ \_\_\_\_\_
7. Is the roof in good condition and properly maintained? (If "NO", property not eligible)  YES  NO  
Year roof installed (YYYY): \_\_\_\_\_ Year of last roof repair / maintenance (YYYY): \_\_\_\_\_
8. Do all drains and gutters function properly? (If "NO", property not eligible)  YES  NO
9. If the property is a seasonal or unoccupied dwelling, is the water turned off and plumbing effectively drained when not in use with temperature maintained at a minimum of 50 degrees? (If "NO", property not eligible)  YES  NO
10. Does the property have any broken glass? (If "YES", property may not be eligible)  YES  NO  
Please describe: \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF DWELLING	YEAR BUILT	TYPE OF BUILDING CONSTRUCTION
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**CHECK ALL THAT APPLY**

- Basement       Crawlspace       Attached Garage       Built-in Garage

**STYLE OF HOME (Choose one)**

- |                                   |                                      |                                    |   |
|-----------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Basic    | <input type="checkbox"/> Ranch       | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Other (Please describe): _____ |
| <input type="checkbox"/> Bi-Level | <input type="checkbox"/> Row         | <input type="checkbox"/> Victorian |   |
| <input type="checkbox"/> Colonial | <input type="checkbox"/> Split Level | <input type="checkbox"/> 2-Family  |   |

I certify that the above information is true and correct.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)