

MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY

APPLICATION FOR DWELLING - COMMERCIAL - FARM

For Telephone Inquiries Please call (314) 421- 0170

PRODUCER INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL BE 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 Procedure Guide for help with completing the application.

FACILITY ACCOUNT

If you do not have an account number, please request one by calling the Facility.

LOCATION OF PROPERTY

Many applications are returned because of incomplete information to describe the "Location of Property". Properties outside the city limits require the legal description (section, township and range), county and zip code. Properties inside the city limits require the specific address or lot and block number, city, state, county and zip code.

A photo must be attached to ALL new applications. An appraisal must be attached for new purchases.

Item 36 and 37; If answered YES requires a written explanation.

Driving directions are required on all rural properties.

SIGNATURES ACCEPTED

Applicants, Legal Guardians or Legal Representatives, Partners if Partnership, Corporate Officer if Corporation

DWELLING PROPERTY

If insuring contents coverage in a multiple family dwelling, must include floor, apartment number or letter where contents are located.

A ten (10) percent extension of coverage A is applicable to all outbuildings on premises.

Any additional coverage on outbuildings requires a photo and amount of coverage desired.

COMMERCIAL PROPERTY

A Class Rate Information form must be completed and submitted along with the application on all Commercial class related risks containing 15,000 or less square feet in a single fire division.

All occupancies in the building and square footage for each occupancy must be shown.

If coverage is to be on contents only, the application must show the specific occupancy to be covered.

FARM PROPERTIES

A Farm Property Schedule Of Items form must be completed and submitted along with the application on all Farm risk, and a photo of each building or structure is required.

INQUIRIES

Use the name of Applicant or the Document number shown in the lower right hand corner of quotes.



**MISSOURI FAIR PLAN
INSURANCE APPLICATION**

**MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY
906 OLIVE STREET - SUITE 1000, ST. LOUIS, MO 63101**

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APPLICATION FOR (Check One) DWELLING COMMERCIAL FARM

HAS APPLICANT PREVIOUSLY APPLIED TO MO FAIR PLAN FOR INSURANCE ON THIS LOCATION? YES NO

APPLICATION IS: NEW ASSIGNMENT OF POLICY # _____
EFFECTIVE DATE _____

LOCATION OF PROPERTY - SUBMIT AN APPLICATION FOR EACH FIRE DIVISION - EVERY QUESTION MUST BE COMPLETED, "N/A" IF NOT APPLICABLE.

| | | | |
|--------------------------------------|--|--|---|
| 00. INDICATE IF: | <input type="checkbox"/> INSIDE CITY LIMITS | <input type="checkbox"/> OUTSIDE CITY LIMITS | 28. Seasonal Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 01. NUMBER | STREET | | 29. Farm (name principal crop or livestock) _____ |
| 02. SECTION, TOWNSHIP, RANGE | OR | LOT & BLOCK NUMBER | 30. Are there Outbuildings? Yes <input type="checkbox"/> No <input type="checkbox"/> Condition? Good <input type="checkbox"/> Poor <input type="checkbox"/> |
| 03. CITY | COUNTY | ZIP | 31. Outdoor Radio/TV Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> Amt Ins \$ _____ |
| APPLICANT'S NAME AND MAILING ADDRESS | | | 32. Awnings/Signs? Canopies? Yes <input type="checkbox"/> No <input type="checkbox"/> Amt Ins \$ _____ |
| 04. NAME | 33. Deductible Amount? _____ | | |
| 05. NAME | 34. Is this application for new construction? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 06. NUMBER AND STREET | OR | PO BOX NUMBER | 35. If Yes, has any part of the building been started? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the expected completion date? _____ |
| 07. CITY | STATE | ZIP | 36. Is any part of the building vacant or unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, advise the percentage, reason and how long _____ |
| 08. OCCUPANCY IS: | <input type="checkbox"/> OWNER OCCUPIED | <input type="checkbox"/> TENANT OCCUPIED | 37. Has applicant or any other party with interest in this property had any Fire losses to any property in excess of \$500? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain. _____ |
| 09. ESCROWED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | SHOULD MORTGAGEE COMPANY BE BILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

NAME(S) AND ADDRESSES OF MORTGAGEE(S)

10. NAME OF FIRST MORTGAGEE _____

11. ADDRESS _____

12. CITY STATE ZIP _____

13. LOAN NUMBER _____

14. NAME OF SECOND MORTGAGEE _____

15. ADDRESS _____

16. CITY STATE ZIP _____

17. LOAN NUMBER _____

NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT

18. NAME _____

19. DAYTIME PHONE NUMBER _____

PRODUCER AND/OR AGENCY NAME AND ADDRESS

20. NAME _____

21. ADDRESS _____

22. CITY STATE ZIP _____

23. ACCOUNT NUMBER PHONE NUMBER _____

24. SIGNATURE _____

AMOUNT OF INSURANCE

| FIRE | AMOUNT | CO-INS | CHECK IF DESIRED: <input type="checkbox"/> EC <input type="checkbox"/> V&MM |
|--------------|--------|--------|---|
| 25. BUILDING | | N / A | |
| 26. CONTENTS | | % | |
| 27. OTHER | | % | |

40. If this is a dwelling application, is there a business being operated on the premises? If Yes, describe business. _____

41. Dwelling (FARM complete: Farm Form) Commercial
Type Construction (Circle One)
 1. Frame (not otherwise classified) 8. Frame
 2. Veneer (Brick, Stone or Masonry) 9. Brick
 3. Brick, Stone or Masonry 10. Noncombustible
 4. Fire Resisitive 11. Masonry Noncombustible
 5. Aluminum or Plastic siding over frame 12. Modified Fire Resisitive
 6. Mobile Home on Enclosed Masonry Foundation 13. Fire Resisitive
 7. Reserved

42. Mobile Home Serial No. _____ Model _____
Year _____ Brand _____ Length _____ Width _____

43. Protection Class (Circle One) 1 2 3 4 5 6 7 8 8B 9 10

44. Feet from Fire hydrant? _____ Miles from Fire Dept.? _____

45. Servicing Fire Dept. or F.D.P. _____
If F.D. is a subscription Fire Dept., does applicant subscribe? Yes No

46. Market value of property? Bldg \$ _____ Contents \$ _____

47. Wood/Coal Burning Stove? Yes No

48. What kind of material does the stove base consist of? _____

49. What is the distance from the stove to the rear wall? _____

50. What is the distance from the stove to the side wall? _____

51. Date of Purchase of building (if building coverage) _____

52. Purchase Price \$ _____

53. Amount of alterations or improvements completed _____

MANDATORY DISCLOSURE OF EXCLUDED COVERAGES

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MANDATORY DISCLOSURE OF EXCLUDED COVERAGES

The following are an example of coverages that are not provided: loss by theft, liability, additional living expense, weight of ice & snow, flood, earthquake, back-up of sewer drains and/or sumps, burst water pipes or any combination of these.

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