

<b>ACORD</b> <small>TM</small> <b>VIRGINIA PROPERTY INSURANCE ASSOCIATION</b> <b>APPLICATION FOR INSURANCE</b>	DATE
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VIRGINIA PROPERTY INSURANCE ASSOCIATION PO BOX 6649 RICHMOND VA 23230 PHONE 804-358-0416, FAX 804-358-0733	IMPORTANT - THIS APPLICATION IS NOT A BINDER OF INSURANCE COVERAGE SHALL NOT BE EFFECTIVE PRIOR TO DATE AND TIME INDICATED IN SECTION 24 OF THIS APPLICATION.	INSPECTION ASSIGNED TO:  DATE ASSIGNED:	
PRODUCER: _____ CODE: _____	APPLICANT'S NAME AND MAILING ADDRESS	EFFECTIVE DATE _____ EXPIRATION DATE _____	
PHONE NUMBER _____ FAX NUMBER _____	HOME PHONE NUMBER _____ WORK PHONE NUMBER _____	DATE APPLICATION COMPLETED _____ <table style="float: right; border: 1px solid black; padding: 2px;"> <tr> <td style="font-size: 8px;">NEW CONTINUATION REAPPLICATION</td> </tr> </table>	NEW CONTINUATION REAPPLICATION
NEW CONTINUATION REAPPLICATION			
VPJA POLICY NUMBER _____	PREMIUM SUBMITTED \$ _____		

**LOCATION OF PROPERTY**

NUMBER	STREET	CITY	ZIP
NAME OF PERSON INSPECTOR CAN CONTACT IN LOCAL AREA		HOME NUMBER	WORK NUMBER
APPLICANT IS:	OWNER OCCUPANT	ABSENTEE OWNER	TENANT
OTHER (EXPLAIN): _____			

**COMPLETE THIS SECTION IF LOCATION ABOVE DOES NOT CONTAIN A STREET NAME AND NUMBER**

LOCATED ON THE _____ OF _____	FEET
<input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SIDE	<input type="checkbox"/> STREET <input type="checkbox"/> ROAD <input type="checkbox"/> ROUTE
<input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST	<input type="checkbox"/> STREET <input type="checkbox"/> ROAD <input type="checkbox"/> ROUTE (NEAREST INTERSECTING)

**LOSS PAYEE/MORTGAGEE INFORMATION**

NAME	MORTGAGEE	NAME	MORTGAGEE
	LOSS PAYEE		LOSS PAYEE
ADDRESS		ADDRESS	
CITY	STATE	ZIP	
CITY		STATE	ZIP
LOAN #		LOAN #	

**COVERAGE/LIMITS OF LIABILITY (Coverage E&F available for 1&2 family owner occupied dwellings only) DEDUCTIBLE**

A. DWELLING	B. OTHER STRUCTURES	C. CONTENTS	D/E. LOSS OF USE	L. LIABILITY	M. MEDICAL PAYMENTS	\$250	\$1,000	OTHER:
						\$500	\$2,500	\$
PERILS: <input type="checkbox"/> FIRE <input type="checkbox"/> EXTENDED COVERAGE <input type="checkbox"/> VANDALISM <input type="checkbox"/> DP2 (REPLACEMENT COST CALCULATION REQUIRED FOR THIS OPTION)								

**RATING/UNDERWRITING INFORMATION**

1. CONSTRUCTION	MAKE	MODEL	SERIAL NUMBER	2. # OF STORIES	3. # OF FAMILIES
<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> VENEER <input type="checkbox"/> MOBILE/MFG					
4. OCCUPANCY			5. PROTECTION CLASS	6. TERRITORY	
<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UN-OCCUPIED <input type="checkbox"/> TOTALLY VACANT <input type="checkbox"/> PART VACANT	%	<input type="checkbox"/> UNDER RENOVATION <input type="checkbox"/> UNDER CONSTRUCTION			
7. STRUCTURE TYPE			8. USAGE TYPE:		9. NEAREST RESPONDING FIRE DEPT
<input type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDO <input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY			MILES	NAME OF FIRE DEPT
10. ACTUAL CASH VALUE	11. REPLACEMENT COST	12. IS THERE ANY UNREPAIRED DAMAGE TO THE BUILDING			
\$	\$	<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)			
13. HAVE ANY UTILITIES BEEN DISCONNECTED AND/OR ACCOUNT(S) UNPAID?			14. ARE ANY REAL ESTATE TAXES DELINQUENT		
<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)			<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)		
15. HAS ANY APPLICANT, MORTGAGEE, LOSS PAYEE, OR ANY PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY EVER BEEN CONVICTED OF, OR INDICTED FOR, THE CRIME OF ARSON OR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?					
<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)					
16. YEAR BUILT	17. PURCHASE DATE	18. PURCHASE PRICE	19. ANNUAL RENTAL INCOME	20. IS ANY OTHER INSURANCE COVERING THIS PROPERTY PRESENTLY IN FORCE?	
		\$	N/A \$	<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)	
21. PRIOR INSURANCE		NAME OF COMPANY		EXPIRATION DATE	POLICY NUMBER
<input type="checkbox"/> NO <input type="checkbox"/> YES					
22. LIST ALL LOSSES IN THE PAST FIVE YEARS WHERE THE INSURED HAS HAD A FINANCIAL INTEREST					
DATE	AMOUNT OF LOSS	DESCRIPTION		CHECK HERE IF THE INSURED HAS HAD NO LOSSES	
	\$				
	\$				
	\$				
	\$				

23. WHY IS THIS PROPERTY BEING SUBMITTED TO THE VIRGINIA PROPERTY INSURANCE ASSOCIATION?

**24. REQUEST FOR COVERAGE OR PREMIUM QUOTE**

<input type="checkbox"/> COVERAGE REQUESTED	<input type="checkbox"/> PREMIUM QUOTE ONLY	DELAYED EFFECTIVE DATE
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COVERAGE WILL BECOME EFFECTIVE ON QUALIFIED PROPERTY AS OF THE FIRST 12:01 A.M. (STANDARD TIME) IMMEDIATELY FOLLOWING RECEIPT BY THE ASSOCIATION OF A PROPERLY COMPLETED AND ACCEPTABLE APPLICATION, UNLESS A LATER DATE IS SHOWN IN THE BLOCK ABOVE. IF AN APPLICATION THAT MEETS OUR UNDERWRITING STANDARDS IS RECEIVED VIA FACSIMILE MACHINE, COVERAGE WILL BE EFFECTIVE AS OF THE FIRST 12:01 A.M. STANDARD TIME IMMEDIATELY FOLLOWING RECEIPT OF SUCH APPLICATION. THE APPLICANT AND/OR THE PRODUCER MUST THEN SUBMIT THE ORIGINAL APPLICATION ALONG WITH THE FULL ESTIMATED ANNUAL PREMIUM WITHIN 10 DAYS TO AVOID POLICY CANCELLATION. THE INSURANCE AFFORDED HEREUNDER SHALL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY FORMS PRESCRIBED FOR USE IN ACCORDANCE WITH THE RULES OF THE VIRGINIA PROPERTY INSURANCE ASSOCIATION.

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE OF ADVERSE UNDERWRITING DECISION**

**VIRGINIA LAW REQUIRES THAT YOU BE GIVEN THIS NOTICE. READ IT CAREFULLY AND KNOW YOUR RIGHTS.**

**WHAT HAPPENED?**

You are being offered insurance through the Virginia Property Insurance Association. The cost of insurance through the Association is generally higher than the cost of insurance written voluntarily by a private insurance company.

**WHAT ARE YOUR RIGHTS?**

You have the right to know the specific reasons why your agent is offering you this coverage, but you must ask for them. Please indicate below whether or not you wish to know the reason(s) you are being offered this coverage.

- I request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.  
 I do not request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.

**ADDITIONAL INFORMATION**

You are entitled to know the specific items of information that support the reasons for placing you in the Virginia Property Insurance Association, and the identity of the sources of the information. You also have the right to see and obtain copies of any document in the file relating to the action taken. If you ask us to correct, amend, or delete any information about you in our files and we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information or if you would like to review your file, please contact your insurance agent listed on the front of this application.

You must request additional information within (90) business days of this notice. If you do not receive the information you request, you may file a complaint with the BUREAU OF INSURANCE by calling toll free (800) 552-7945 or by writing to: BUREAU OF INSURANCE, POST OFFICE BOX 1157, RICHMOND, VA 23209.

**IMPORTANT: A POLICY IF ISSUED, IS IN CONSIDERATION OF THIS APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUM. I (WE) AGREE TO PAY ANY ADDITIONAL PREMIUM THAT MAY BE DUE AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES. IN SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THIS PROPERTY AND THAT THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) FURTHER UNDERSTAND THAT ANY CONCEALMENT OR MISREPRESENTATION OF ANY MATERIAL FACT OR CIRCUMSTANCE HEREON SHALL VOID ANY POLICY THAT MAY BE ISSUED. TO THE EXTENT PERMITTED BY LAW, I (WE) AUTHORIZE THE DISCLOSURE OF INFORMATION CONTAINED IN THIS APPLICATION AND INFORMATION RELATING TO ANY CLAIM FOR LOSS UNDER A POLICY ISSUED PURSUANT TO THIS APPLICATION. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

APPLICANT'S SIGNATURE	WITNESS	DATE
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I CERTIFY THAT I AM A VIRGINIA LICENSED PROPERTY AND CASUALTY INSURANCE AGENT. I FURTHER CERTIFY THAT I HAVE CONSULTED WITH THE APPLICANT NAMED ABOVE AND THAT THE ANSWERS PROVIDED ARE THOSE GIVEN TO ME BY THE APPLICANT. THE ANSWERS OF THE APPLICANT ARE TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE. IN THE EVENT OF ANY SITUATION RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE CERTIFIES THAT I AM DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE VIRGINIA PROPERTY INSURANCE ASSOCIATION AND HAVE NO AUTHORITY TO ACT AS SUCH ON THE ASSOCIATION'S BEHALF.

NAME	SOCIAL SECURITY NUMBER	DATE
SIGNATURE	AGENCY TAX IDENTIFICATION NUMBER	