Incomplete applications will be rejected and returned for resubmission. No Agency checks please. Please answer all questions unless indicated as optional or for office use. The Fair Plan provides only non-replacement cost (ACV) insurance. Applications for coverage should not be made through the Fair Plan unless coverage is not available from a private insurer. Applications must include payment naming MN Fair Plan as payee. Coverage can be placed in force no earlier than 12:01 A.M., the day following the receipt of the initial premium payment and application. Property must be owner occupied. No one other than the owner-occupant may apply for coverage. Buildings under construction, Seasonal properties and Farm properties do not qualify for Homeowners coverage, use a Dwelling Fire application.

COVERAGES/LIMITS OF LIABILITY This is non-replacement (Actual Cash Value) coverage.

PERSONAL PROPERTY COVERAGE C

LIMIT OF LIABILITY

BASIC COVERAGES

OTHER STRUCTURES COVERAGE B

PERSONAL PROPERTY COVERAGE C

LOSS OF USE COVERAGE D

PERSONAL LIABILITY (Each Occurrence)

MEDICAL PAYMENTS (Each Person)

ENDORSEMENTS (check box if desired)

HOME DAYCARE LIABILITY

DEDUCTIBLE (check box)

BILL TO (check box)

PAYMENT PLAN (check box)

ADDITIONAL INTERESTS (Please list "Bill to" party in the first space if mortgagee billed)
REASON FOR REJECTION/INELIGIBILITY
APPLICATION SUBMITTED TO (Company Name)

SECTION A
(List all claims submitted by this applicant on any property in the past five (5) years. Attach separate sheet if necessary.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>DESCRIPTION OF LOSS</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

MN LAW REQUIRES THAT PRIOR TO APPLYING FOR COVERAGE THROUGH THE FAIR PLAN, THE APPLICANT MUST BE UNABLE TO SECURE INSURANCE IN THE VOLUNTARY MARKET. YOU MUST COMPLETE BOTH SECTION A AND SECTION B. IF THE APPLICANT HAS NOT BEEN CANCELLED OR NON-RENEWED, SELECT N/A.

SECTION A
APPLICATION SUBMITTED TO (Company Name) REASON FOR REJECTION/INELIGIBILITY

SECTION B
CANCELLED/NON-RENEWED BY (Company Name) REASON FOR CANCELLATION OR NON-RENEWAL

IMPORTANT NOTICE
MN LAW STATES THAT A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD, OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

APPLICANT’S CERTIFICATION
I (We) understand:

That an inspection may be made of this property, but this inspection in no way binds the FAIR Plan to afford insurance on the described property.

That the FAIR Plan or its representative shall not be liable for any injury or damage claimed to arise from the inspection(s).

Any concealment or misrepresentation of a material fact or circumstance relative to this insurance may void the policy.

I (We) certify that:

I (we) have an insurable interest in the property.

All information contained in or provided with this application is true and correct to the best of my (our) knowledge.

The Insurance Agent listed below represents me (us) and not the MN FAIR Plan.

I (We) authorize the MN FAIR Plan to:

Share my (our) name, claims and policy information with private insurers for the sole purpose of placement of my (our) insurance coverage in the voluntary insurance market. This authorization will remain in effect as long as I (we) remain policyholder(s) of the MN FAIR Plan.

Signature of Applicant: ___________________________ Signature of Applicant: ___________________________
Date: ___________ Date: ___________

PRODUCER’S CERTIFICATION
I certify that I am licensed to write property insurance in the State of Minnesota and that I have been unable to place this risk in the voluntary insurance market. I understand that I do not have bonding authority with the Fair Plan. I also understand that I represent the insured, and am not a representative of the MN Fair Plan.

DATE AGENT INSPECTED PROPERTY: ___________________________

Signature of Agent: ___________________________ Tax ID# or SSN#: ___________________________