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.

**Coverages/Limits of Liability**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limit of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Property Coverage C</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Loss of Use Coverage D</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Personal Liability (Each Occurrence)</strong></td>
<td>$ 100,000</td>
</tr>
<tr>
<td><strong>Medical Payments (Each Person)</strong></td>
<td>$ 1,000</td>
</tr>
</tbody>
</table>

**Limit of Liability**

| Coverage | 20% of Coverage C | Maximum Personal Liability limit available | Maximum Medical Payments limit available |

**Endorsements (check box if desired)**

- Home Daycare Liability: $250,000 Maximum Limit available. (Not to exceed three children)

**Construction Type (check box)**

- Frame
- Masonry
- Other (explain)

**Year Built**

**Hydrant within 1000 feet?**

**Bill To (check box)**

- Insured
- Other (complete additional interest section)

**Payment Plan (check box)**

- Full Pay
- Two Pay
- Three Pay
- Four Pay

**Deductible (check box)**

- $500
- $1,000
- $2,500

**Remarks**

- Other (explain)
GENERAL INFORMATION

EXPLAIN ALL “YES” RESPONSES IN REMARKS

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Any business conducted on premises (not including home day care)? If yes, does public come to home? If so, submit Dwelling Application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you applied to the FAIR Plan for insurance on this property in the last 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Is there any other insurance on this property?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you have any animals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>During the last ten (10) years, have you or any member of your household been convicted of any degree of the crime of arson or fraud?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Is there a swimming pool on premises?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPLICATION'S LOSS HISTORY
(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 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.

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 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.

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: ______________________________ Date: ________________

Signature of Applicant: ______________________________ 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 binding 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#: ______________________________

ACORD 64 MN (2007/05)