## Application to District of Columbia Property Insurance Facility - Page 2

### Applicant

<table>
<thead>
<tr>
<th>Are Premises Vacant or Unoccupied?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>* See Below</td>
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<table>
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<tr>
<th>If More Than 25 Years Old Give Modernization Dates for:</th>
<th>Plumbing</th>
<th>Heating</th>
<th>Wiring</th>
<th>Roofing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition &amp; Maintenance of Property</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
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### Other Insurance for Applicant:

<table>
<thead>
<tr>
<th>Type, Company, Policy Number, Expiration Date</th>
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**Name of Previous Carrier:**

**Previous Amount on Dwelling:**

Has Any Carrier Cancelled, Declined to Insure, or Issued Non-Renewal of Coverage?

- Yes
- No

If "Yes", you must attach prior insurer’s notice.

Any Losses in Past Three Years?

- Yes
- No

If Yes, please explain in "Loss History" section.

### Loss History

<table>
<thead>
<tr>
<th>Date of Loss</th>
<th>Cause</th>
<th>Was Loss Repaired?</th>
<th>Amount of Loss</th>
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### Exceptions:

- The described dwelling is a secondary or seasonal residence
- Business pursuits are conducted on the described premises (Explain "Yes" Answer)
- The insured has full time residence employee(s)

### Optional Coverages

- Sewer or Drain Back-Up
  - $5000 Limit
- Sink Hole
- Earthquake
- Premises Alarm or Fire Protection System
  - Attach copy of current alarm contract or verification of automatic sprinkler system

- Owner Occupied 3 or 4 Family Premises Liability (HO-44)
  - Number of Families

- Additional Insured(s) (HO-41) (On Same Premises Only)
  - Name:
  - Interest:

### Other Endorsements - See Endorsement Supplemnet

### Remarks

*If property is vacant or unoccupied, complete fire application.

Any items left blank will be assumed at the applicant’s risk, (To be answered: "No", "None" or "Poor", as appropriate).
### ARE PREMISES VACANT OR UNOCCUPIED?
- [ ] YES
- [ ] NO

*SEE BELOW*

### IF MORE THAN 25 YEARS OLD GIVE MODERNIZATION DATES FOR:

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### CONDITION & MAINTENANCE OF PROPERTY
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

### OTHER INSURANCE FOR APPLICANT:
(TYPE, COMPANY, POLICY NUMBER, EXPIRATION DATE)

### NAME OF PREVIOUS CARRIER:

### PREVIOUS AMOUNT ON DWELLING:

### HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, OR ISSUED NON-RENEWAL OF COVERAGE?
- [ ] YES
- [ ] NO

*IF "YES", YOU MUST ATTACH PRIOR INSURER’S NOTICE.*

### ANY LOSSES IN PAST THREE YEARS?
- [ ] YES
- [ ] NO

*IF YES, PLEASE EXPLAIN IN "LOSS HISTORY" SECTION.*

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### EXCEPTIONS:

(A) THE DESCRIBED DWELLING IS A SECONDARY OR SEASONAL RESIDENCE
- [ ] YES
- [ ] NO

(B) BUSINESS PURSUITS ARE CONDUCTED ON THE DESCRIBED PREMISES (EXPLAIN "YES" ANSWER)
- [ ] YES
- [ ] NO

(C) THE INSURED HAS FULL TIME RESIDENCE EMPLOYEE(S)
- [ ] YES
- [ ] NO

### OPTIONAL COVERAGES

- [ ] SEWER OR DRAIN BACK-UP $5000 Limit
- [ ] SINK HOLE
- [ ] EARTHQUAKE
- [ ] PREMISES ALARM OR FIRE PROTECTION SYSTEM ATTACH COPY OF CURRENT ALARM CONTRACT OR VERIFICATION OF AUTOMATIC SPRINKLER SYSTEM

- [ ] OWNER OCCUPIED 3 OR 4 FAMILY PREMISES LIABILITY (HO-44) NUMBER OF FAMILIES ____________

- [ ] ADDITIONAL INSURED(S) (HO-41) (ON SAME PREMISES ONLY) NAME: ____________ INTEREST:

### REMARKS

*IF PROPERTY IS VACANT OR UNOCCUPIED, COMPLETE FIRE APPLICATION.
ANY ITEMS LEFT BLANK WILL BE ASSUMED AT THE APPLICANT’S RISK, (TO BE ANSWERED: "NO", "NONE" OR "POOR", AS APPROPRIATE).*
### APPLICATION TO DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY - PAGE 2

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- NUMBER OF FAMILIES (PLEASE ENTER)
- ADDITIONAL INSURED(S) (HO-41) (ON SAME PREMISES ONLY)
- NAME:
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**ARE PREMISES VACANT OR UNOCCUPIED?**

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