1. Give the applicant’s mailing address (item 3) and the location address of the property to be insured (item 5).

2. Give name of present / prior insurance carrier information (items 8a, 8b).

3. Answer all questions on property damage losses (items 9a, 9b) and unrepaired damage, regardless of its date or cause (item 15).

4. To request Replacement Cost Coverage, attach a completed Optional Replacement Cost Addendum (Form CFP-RCA-2).

5. For Vacant or Unoccupied Property:
   Complete the VACANCY / UNOCCUPANCY QUESTIONNAIRE (ITEM 14A TO 14D).
   Note: A building under rehabilitation is considered vacant. There are coverage restrictions / exclusions in the policy for buildings which are vacant or unoccupied. A FAIR Plan Vacancy Permit Endorsement may be necessary to provide coverage for vandalism.

   Complete items 4c and 16 for all buildings in course of construction (including dwellings). Coverage must be written for 100% of the completed value. There is a 100% coinsurance requirement.

7. For Property with Past Losses, Unrepaired Damage or Property Condemned:
   Complete items 9a, 9b and 15 and attach a copy of the signed construction contract for repairs. This information must be provided even if the damage was not caused by an insured peril or if the applicant was not the owner of the property at the time of damage.

8. Complete prior insurance information (items 8a, 8b). Note: Duplicate insurance is not permitted.

**ON DWELLING APPLICATIONS**

Dwelling policy may be issued to insure:

- A dwelling building used exclusively for dwelling purposes with not more than four (4) apartments and with not more than five (5) roomers or boarders in total, including trailer homes or mobile homes used exclusively for dwelling purposes at a fixed location. Trailer or mobile homes are not eligible for Replacement Cost Coverage.

- Household and personal property in an apartment or private living quarters of an applicant.

- Dwellings while in course of construction. Complete item 4C, and item 16, Course of Construction Questionnaire on the reverse side of the application. Coverage is provided under a Builders Risk Endorsement on a commercial Standard Property Policy.

1. Complete a separate application for each dwelling.

2. Describe any other structures (barn, garage, tool shed, etc.) in section 4A.1 and provide a value for each structure for which specific coverage is required. Note: These structures are not eligible for insurance under the dwelling program if they are used in whole or in part for commercial, manufacturing or farming purposes, or if they are rented to a person who is not a tenant of the dwelling.

3. "Other Structure" as indicated in Section 4A.1 denotes structures other than the dwelling that are not attached to it, such as an unattached garage, tool shed, pool house, swimming pool, fences, gazebo, walkway, etc. A separate amount of insurance may be needed for these items to ensure adequate insurance coverage. Please attach a schedule showing the type of private structure you are seeking to insure, and the desired amount of insurance coverage requested on each item, or contact your insurance advisor for assistance.

4. Check one (and only one) box in the dwelling occupancy section (item 4A.5).

5. The standard deductible is $250.00 on fire insurance policies. However, rate credits for both structure and contents are given if a higher deductible is requested. Contact the FAIR Plan or your insurance advisor for more information on rate credits.
1. List all commercial occupancies. Note: If habitational, list number of units or occupants.

2. Indicate which commercial building or structure (if insuring more than one) contains the business personal property to be covered.

3. To insure additional buildings or structures, and/or personal property:
   a. Multiple buildings or structures at the same location (e.g. garage, or storage building)
      - Attach a schedule to the application showing the amount of insurance and description of the building(s), structure(s), and/or personal property to be insured.
   b. Buildings or structures at different locations
      - If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for property at each location address.

4. Complete the VACANCY OR UNOCCUPANCY QUESTIONNAIRE on the reverse side of the application if any portion of the building is vacant or unoccupied. A FAIR Plan Vacancy Permit Endorsement will be required if the building is fully vacant or unoccupied.

**THIS IS NOT A COMPLETE LIST. BE SURE YOU HAVE COMPLETED ALL APPLICABLE ITEMS BEFORE SUBMITTING YOUR APPLICATION.**

**COVERAGES AVAILABLE**

**A. Dwelling Policy: Dwelling Property Policy**

1. Standard Coverages Available
   a. Fire and lightning
   b. Extended Coverage (ECE): includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles, Smoke and Volcanic Eruption.
   c. Vandalism or Malicious Mischief (V&MM)

2. Other Optional Coverage Available
   b. Building Code Upgrade and Increased Cost of Construction coverages are available with Replacement Cost coverage.
   c. Earthquake Coverage: Available through the California Earthquake Authority (CEA) as a separate policy. (Submit separate application from CEA)

**B. Commercial Policy: Standard Property Policy**

1. Standard Coverages
   a. Fire and lightning
   b. Extended Coverage (ECE): includes coverage for loss caused by Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft or Vehicles, Smoke and Volcanic Eruption.
   c. Vandalism or Malicious Mischief (V&MM)
   d. Sprinkler Leakage

2. Optional Coverages
   a. Replacement Cost: An "Optional Replacement Cost Addendum" form (Form CFP-RCA-2) must be submitted to determine eligibility.
   b. Business Income Coverage Form (And Extra Expense). "Property Application Addendum For Business Income and Expense" (Form CFP BI/EE) must be submitted.

**AREAS OF ELIGIBILITY**

Only properties located in areas designated by the Insurance Commissioner of the State of California or Brush Areas designated by Insurance Services Office (I.S.O.) are eligible for FAIR Plan insurance. A list of eligible areas is available from the California FAIR Plan.
CALIFORNIA FAIR PLAN PROPERTY INSURANCE
APPLICATION FOR PROPERTY INSURANCE

California FAIR Plan Property Insurance
3435 Wilshire Blvd., Suite 1200
P.O. Box 76924
Los Angeles, CA 90076-0924
Telephone: (213) 487-0111

1. APPLICANT (MUST BE LEGAL OWNER(S) AND/OR RECORDED TITLE HOLDER(S) OF PROPERTY)
   FIRST   MIDDLE   LAST
   NO. STREET
   CITY COUNTY STATE ZIP

2. PRODUCER’S NAME AND ADDRESS
   2a. TELEPHONE #
   2b. LICENSE #
   IRS OR SOC SEC #

3. MAILING ADDRESS OF APPLICANT
   NO. STREET
   CITY COUNTY STATE ZIP

4. Complete Section 4A, 4B or 4C (check only one)
   D WELLING MOBILE HOME
   Deductible Requested
   $250
   $500
   $1,000
   $2,500

4A. DWELLING (See Item 18)
   A SEPARATE APPLICATION IS REQUIRED FOR EACH DWELLING BUILDING

1. $ ___________ ON DWELLING
   $ ___________ ON CONTENTS
   $ ___________ ON OTHER STRUCTURES
   (Describe OTHER STRUCTURES)

2. UNITS (Under One Roof)
   SINGLE FAMILY
   DUPLEX
   TRIPLEX
   FOUR-PLEX

3. PERILS
   FIRE
   VANDALISM

4. CONSTRUCTION
   FRAME
   MASONRY
   OTHER

5. OCCUPANCY
   OWNER
   TENANT
   SEASONAL
   VACANT OR UNOCCUPIED

4B. TENANTS OR CONDOMINIUM UNIT OWNERS’ HOUSEHOLD PERSONAL PROPERTY COVERAGE

   NUMBER OF UNITS IN THIS BUILDING
   ON PERSONAL PROPERTY
   ON IMPROVEMENTS,
   ALTERATIONS & ADDITIONS
   PERILS
   COINOSURANCE (70% minimum)
   % ON BUILDING
   % BUSINESS PERSONAL PROPERTY
   % PERSONAL PROPERTY OF OTHERS

4C. COMMERCIAL (5 units or more)

   FIRE
   ECE
   VMM
   S.L.
   COINOSURANCE (70% minimum)

   OCCUPANCY
   DEDUCTIBLE REQUESTED
   LESSOR
   $250
   $2,500
   OWNER/OCCUPANT
   TENANT
   $500
   $1,000
   $10,000

5. LOCATION OF PROPERTY TO BE INSURED
   NO. STREET
   CITY COUNTY STATE ZIP

6. LOSS PAYEES
   GIVE NAME AND MAILING ADDRESS AND INDICATE WHETHER AS MORTGAGEE, OR UNDER CONTRACT OF SALE OR OTHER FULL DISCLOSURE OF ALL MORTGAGES AND/OR CONTRACT PURCHASERS MUST BE INCLUDED

   NAME
   NO. STREET
   CITY STATE ZIP

   LOAN NUMBER
   NAME
   NO. STREET
   CITY STATE ZIP

7. Is property in designated Brush Area? If “Yes”, complete certification form (Item #17) on reverse side.

8a. Cancellation or Expiration Date of Present Coverage

8b. Present Insurer: (If there is no insurance in effect, write “none”)
   Prior Insurer:
   Policy #:
   Reason for termination:

9a. Has applicant or property to be covered suffered any property damage loss?
   If “Yes”, or there is unrepaired damage, complete Item #15 on reverse side.

9b. Has the property been condemned or ordered uninhabitable by any authority?

10. Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If “Yes”, give file number and reason.

11. Name of person who will accompany inspector during normal business hours.
   Phone Number

12. AS THE APPLICANT’S AUTHORIZED REPRESENTATIVE, I HAVE EXAMINED BOTH SIDES OF THIS APPLICATION AND GIVEN THE REQUIRED INFORMATION. THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE EXPLAINED THE PROVISIONS OF THE CALIFORNIA FAIR PLAN TO THE APPLICANT.

Form CFP1-b Rev. 03/2004
Signature of the Producer or Applicant
Date

© ACORD CORPORATION 2004
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
FAIR PLAN COPY
13. PUBLIC PROTECTION CLASS QUESTIONNAIRE


2. Is the property inside City Limits? YES NO

3. Estimated number of miles from fire station? _______________

4. Name of responding fire station (city or county): ________________

5. Distance from public fire hydrant: ______________ feet

14. VACANCY OR UNOCCUPANCY QUESTIONNAIRE

A. If any building(s) is/are VACANT, SUBSTANTIALLY VACANT OR UNOCCUPIED complete the following:

When did the building(s) become vacant, substantially vacant or unoccupied?

Why is the building(s) vacant, substantially vacant or unoccupied?

Note: If more than one building is vacant, substantially vacant or unoccupied, furnish information on each.

B. YES NO

Is the building open to trespass?

Is the building in good condition?

Is the building being remodeled?

Is the building boarded up?

Expected date of completion: ______________

Is the building being moved onto or away from this location?

Is the property protected by a construction fence?

If so, has it been affixed to its permanent foundation?

Is the building for sale or rent?

C. Is a FAIR Plan vacancy permit endorsement requested?

D. If property is partially vacant, substantially vacant or unoccupied, indicate the number of units vacant or unoccupied and percent of floor area vacant or unoccupied

15. PREVIOUS PROPERTY DAMAGE

1. Is there any unrepaired damage at any location for which this application is being submitted? YES NO

If there is unrepaired damage, has a contract been signed to complete repairs? YES NO

If "Yes", attach a copy of the signed contract from a licensed contractor.

2. ________________________________

3. ________________________________

4. List below ALL property damage suffered by applicant at THIS location. (Attach a separate sheet if necessary.)

   DATE | CAUSE | AMOUNT | COMPANY | POLICY NO.

   ________________________________

   ________________________________

   ________________________________

REMARKS

16. COURSE OF CONSTRUCTION QUESTIONNAIRE

Is this new construction (from the ground up)? YES NO

When did the construction begin?

What is the expected day of completion?

Who will do the work?

How will construction be financed?

What is the cost of the construction?

Upon completion the building(s) will be? Owner occupied Tenant occupied For Sale

17. REQUIRED BRUSH INFORMATION

I hereby certify that I am familiar with the brush clearance requirements of the appropriate city or county ordinance and that total compliance with said ordinance has been effected to all property within my ownership or control.

Note: The FAIR Plan brush clearance requirements for rating purposes may differ from the local ordinance requirements.

__________________________________________
Signature of the Applicant

__________________________________________
Date

18. Dwelling Policy may be issued to insure:

a. a dwelling building used exclusively for dwelling purposes with not more than four (4) apartments and with not more than five (5) roomers or boarders in total, including trailer homes or mobile homes used exclusively for dwelling purposes at a fixed location.

b. household and personal property in an apartment or private living quarters of an applicant.

c. dwellings while in course of construction. Coverage is provided under a commercial fire policy with BUILDERS RISK endorsement, while construction is in progress.

19. DEEMER PROVISION

If, through no fault of the applicant, acceptance or rejection of an application is not made by the FAIR Plan within twenty (20) days after the date the completed application is received in the FAIR Plan Office, the coverage requested in the application is deemed to be effective on the twenty-first day after such receipt, provided that a provisional deposit premium of twenty-five dollars is received in the FAIR Plan Office within forty-five days after the date the application is received in the FAIR Plan Office. If the deposit premium is not received in the FAIR Plan Office within such forty-five (45) day period, no coverage shall be deemed ever to have become effective and a new application must be submitted. Send no money with the application. The Plan will notify you by letter and include the date of the application’s receipt if the Plan is unable to quote by the twentieth (20) day.
### California Fair Plan Property Insurance

**APPLICATION FOR PROPERTY INSURANCE**

**This does not constitute a binder. Do not send any remittance with application.**

Important: This application will be the basis for policy issuance and acceptance or rejection of coverage. It will be the responsibility of the producer and applicant to see to it that the information submitted is in all respects accurate. Inspections where made are for the purpose of determining the physical condition of the property. All applicable items must be completed.

#### 1. Applicant
- **First Name**, **Middle Initial**, **Last Name**
- **No. Street**, **City**, **County**, **State**, **Zip**

#### 2. Producer's Name and Address
- **Street Address**
- **City**, **County**, **State**, **Zip**

#### 3. Mailing Address of Applicant
- **No.**, **Street**, **City**, **County**, **State**, **Zip**

#### 4. Complete Section 4A, 4B or 4C (check only one)
- DWELLING
- MOBILE HOME
- Deductible Requested: **$250**, **$500**, **$1,000**, **$2,500**

#### 4A. Dwelling (See Item 18)

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<th>1. $</th>
<th>2. $</th>
<th>3. $</th>
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<td><strong>ON DWELLING</strong></td>
<td><strong>ON OTHER STRUCTURES</strong></td>
<td><strong>ON CONTENTS</strong></td>
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#### 4B. Tenants or Condominium Unit Owners' Household Personal Property Coverage

| $ | ON PERSONAL PROPERTY | ON IMPROVEMENTS, ALTEIRATIONS & ADDITIONS |

#### 4C. Commercial (5 units or more)

| $ | **ONS BUILDING** | **% ON CONTENTS** | **% ON OTHER STRUCTURES** | **% USUAL TO (OCCUPANCY)** | **% USUAL TO (OCCUPANCY)** |

#### 5. Location of Property to Be Insured
- **City**, **County**, **State**, **Zip**

#### 6. Loss Payees
- **Name**
- **Street**
- **City**, **State**, **Zip**
- **Phone Number**

#### 7. Is property in designated Brush Area? If "Yes", complete certification form (Item #17) on reverse side.

#### 8. Cancellation or Expiration Date of Present Coverage
- **8a.** Prior Insurer: **Policy #:**
- **8b.** Present Insurer: (If there is no insurance in effect, write "none")

#### 9. Has applicant or property to be covered suffered any property damage loss?
- **If Yes**, or there is unrepaired damage, complete Item #15 on reverse side.

#### 10. Has FAIR Plan ever refused coverage, cancelled coverage or non-renewed coverage at this location? If "Yes", give file number and reason.

#### 11. Name of person who will accompany inspector during normal business hours.

#### 12. As the applicant's authorized representative, I have examined both sides of this application and given the required information. The information is correct to the best of my knowledge. I have explained the provisions of the California Fair Plan to the applicant.

---

**California Fair Plan Property Insurance**

3435 Wilshire Blvd., Suite 1200

P.O. Box 76924

Los Angeles, CA 90076-0924

Telephone: (213) 487-0111

Form CFP1-b Rev. 03/2004

**Signature of the Producer or Applicant**

**Date**

© ACORD CORPORATION 2004
13. PUBLIC PROTECTION CLASS QUESTIONNAIRE


2. Is the property inside City Limits? YES NO

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   Why is the building(s) vacant, substantially vacant or unoccupied? _______________________________

Note: If more than one building is vacant, substantially vacant or unoccupied, furnish information on each.

B. YES NO YES NO

   Is the building open to trespass? Is the building in good condition?

   Is the building being remodeled? Is the building boarded up?

   Expected date of completion: _______________________________

   Is the property protected by a construction fence? If so, has it been affixed to its permanent foundation?

   Is the building for sale or rent? Is the building being moved onto or away from this location?

   Are there any broken windows? Is the property protected by a construction fence?

   Are all the doors and windows locked? __________________________________________________________________________

   D. If property is partially vacant, substantially vacant or unoccupied, indicate the number of units vacant or unoccupied and percent of floor area vacant or unoccupied _______________________________

15. PREVIOUS PROPERTY DAMAGE

1. Is there any unrepaired damage at any location for which this application is being submitted? YES NO

2. If there is unrepaired damage, has a contract been signed to complete repairs? YES NO

   If "Yes", attach a copy of the signed contract from a licensed contractor.

3. What is the expected date of completion? _______________________________

4. List below ALL property damage suffered by applicant at THIS location. (Attach a separate sheet if necessary.)

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<th>CAUSE</th>
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REMARKS

16. COURSE OF CONSTRUCTION QUESTIONNAIRE

Is this new construction (from the ground up)? YES NO

When did the construction begin? _______________________________

What is the expected day of completion? _______________________________

Who will do the work? _______________________________

How will construction be financed? _______________________________

What is the cost of the construction? _______________________________

Upon completion the building(s) will be? Owner occupied Tenant occupied For Sale

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Form CFP1-b Rev. 03/2004

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