



Missouri Property Insurance Placement Facility

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APPLICATION FOR COMMERCIAL PROPERTIES

PRODUCER INSTRUCTIONS

Please refer to the Producer Guide for additional assistance with completing this application. The guide can be found on our website at www.missourifairplan.com by clicking on "Producer Summary and Guide" under the Producer Tab.

FACILITY ACCOUNT

You must have an account number with Missouri FAIR Plan to submit an application. If you need to set up an account, please contact our office or check our website at www.missourifairplan.com under the Producer tab for instructions.

LOCATIONS OF PROPERTY

Properties that do not have a street address require the legal description (section, township and range or lot and block-number) city, county and zip code. Many applications are returned because of incomplete information to describe the "Location of Property". Attach driving directions for all rural properties.

PHOTOS

Front and back photos of EACH building are required for ALL new applications. If contents coverage is desired, please attach a general list with supporting photos.

TYPE OF OCCUPANCY

Describe the type of occupancy. Examples: Church, Barber Shop, Motel/Hotel (include # of units), Apartments (include # of units), etc.

AMOUNT OF COVERAGE REQUESTED

Our limit of coverage for building and contents combined is \$1,000,000 per location. Purchase price documentation must be provided for a new purchase. If you have a replacement cost estimate, please provide detailed inputs and results.

CLASS RATE

Class Rate information must be indicated on the application for all Commercial risks. Please include information on all occupancies. Please be sure to accurately list above-ground square footage and the age of the building.

If coverage is to be on contents only, the application must show the specific occupancy to be covered.

Special rates apply for structures such as pavilions, greenhouses, gas pumps, etc. If you need assistance, please contact the underwriting department.

DECLINATION AND STATEMENT OF DILIGENT EFFORT

At least one declination from the standard market and one from an excess and surplus lines carrier or broker are required for all commercial properties. Failure to attach declinations will delay the process of the application. Diligent effort must be made to place coverage elsewhere before seeking coverage through Missouri FAIR Plan.

APPLICANT SIGNATURES ACCEPTED

The signature of the applicant is required. The producer cannot sign on behalf of the applicant without the applicant's prior written permission. Acceptable signatures are legal guardians or legal representatives, partners if partnership, or corporate officer if a corporation - documentation will be required.

INQUIRES

To inquire about the status of the application by phone or email, please provide the name of the applicant or the application number listed on the quotation.

Missouri Property Insurance Placement Facility

THIS APPLICATION IS NOT A BINDER OF INSURANCE - INCOMPLETE APPLICATIONS WILL BE RETURNED

HAS APPLICANT PREVIOUSLY APPLIED TO THE FAIR PLAN FOR INSURANCE AT THIS LOCATION? YES NO

REQUESTED FUTURE EFFECTIVE DATE _____

LOCATION OF PROPERTY

- Address of property _____
City _____ County _____
Zip _____
- Indicate if inside or outside city limits

PROPERTY INFORMATION

- Occupancy is: Owner occupied Tenant occupied
- Is part of the building vacant or unoccupied? YES NO
If yes, what percentage, reason, and expected occupancy date:

- Above Ground Square Footage _____
- Occupancy Type and Description _____

- CSP Code _____
- Number of units _____
If multiple occupancies, provide business type, class codes, square feet, and percentage total for each _____

- Construction:
Frame Masonry Noncombustible
Masonry Noncombustible
Modified Fire Resistive Fire Resistive
- Protection Class (if known) _____
- Feet from fire hydrant _____ Miles from FD _____
- Servicing FD _____ Subscription? YES NO
- Wood/coal burning stove? YES NO
If yes, provide stove base material, distance from rear wall, and distance to side wall _____
- If there are sprinklers, when were they last tested? _____
- Age of Building _____
- Replacement Cost _____
(attach detailed information)
- Market Value of Property _____
- Date of purchase (building) _____
- Purchase price _____
- Alterations or improvements _____
- Was property: Purchased Inherited
Gifted Other

APPLICANT NAME AND MAILING ADDRESS

- Insured or Company Name _____

- Co-insured _____
- Mailing Address _____
City _____ State _____ Zip _____

MORTGAGE COMPANY INFORMATION

- First Mortgage _____
Address _____
City, State, Zip _____
Loan # _____
- Second Mortgage _____
Address _____
City, State, Zip _____
Loan # _____
- Escrowed? Should Mortgage be billed? YES NO

NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT

- Name _____
- Phone Number _____
- Email Address _____

AGENCY/PRODUCER INFORMATION

- Agency/Producer Name _____
- Address _____
- City, State, Zip _____
- MPIPF Account Number _____
- Signature _____

AMOUNT OF INSURANCE, COVERAGES AND DEDUCTIBLE AMOUNT

Attach schedule of multiple buildings to this application when submitting

- Building \$ _____
- Contents \$ _____
- Other \$ _____

Check if desired: Extended Coverage Vandalism and Malicious Mischief

(Describe other structure) _____

- Outdoor radio/TV equipment? YES NO Amt of coverage \$ _____
- Awnings/signs/canopies? YES NO Amt of coverage \$ _____
- Deductible amount requested _____ (min greater of \$1,000 or 1%)

- List all losses or enter NONE. Attach loss runs for five years. Provide cause, origin, date, payment, location, and repairs.

- Is there any unrepaired damage? YES NO

If yes, explain and attach photos _____

- Provide year built _____ roof year _____ wiring year _____ plumbing year _____ heating year _____

- Any aluminum wiring, fuse boxes, or stab-loc breakers? _____

Statement of Diligent Effort (attach copies of at least one declination from the standard market and one from an excess and surplus lines carrier or broker)

I declare that I have made a diligent effort to procure insurance coverage from licensed and non-admitted insurers which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance on risks of the same class as the risk described above. Having been unable to secure such coverage, I have resorted to seeking coverage with Missouri Property Insurance Placement Facility.

Furthermore, this insurance was not sought based on lower rates, reduced values, or because of the terms of the contract.

I further attest that I have explained to the insured/applicant that the insurance described herein is being placed with an insurance company that provides an inferior policy to that which is found through the standard market. I have provided the applicant/insured with information describing the details and conditions of the policy that demonstrated the limited coverage provided by this type of policy.

Producer Signature

DISCLOSURES AND APPLICANT SIGNATURE

- I certify the above information to be true and correct to the best of my knowledge.
- This is a named peril policy. Only coverages named in the policy and declaration pages are included. Some examples of coverages not provided are flood, earthquake, sewer or sump pump back-up, and sprinkler leakage.
- I acknowledge an inspection of the interior and exterior of the property is required to maintain coverage with Missouri Property Insurance Placement Facility.
- Producers do not represent Missouri Property Insurance Placement Facility and cannot bind coverage on our behalf.
- I understand and accept that coverage cannot be bound until this application has been submitted and the Underwriting Department has reviewed the application and extended a quote. Coverage will be bound the day after payment has been made according to the quote.
- **IMPORTANT NOTICE: FAILURE TO ANSWER THE QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF THE CONTRACT!**

Date

Signature of Applicant

E-mail Address