

Missouri Property Insurance Placement Facility

APPLICATION FOR DWELLING – COMMERCIAL – FARM

For Telephone Inquires Please Call (314)421-0170

PRODUCER INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL BE RETURNED BY THE FAIR PLAN

IMPORTANT

Returned applications create an unnecessary **expense for you and us**, and delays needed insurance coverage for your insured. Please refer to the FAIR PLAN Procedure Guide for help with completing the application.

FACILITY ACCOUNT

If you do not have an account number, please request one by calling the Facility.

LOCATION OF PROPERTY

Many applications are returned because of incomplete information to describe the "Location of Property". Properties outside the city limits require the legal description (sec, township and range), county and zip code. Properties inside the city limits require the specific address or lot and block number, city, state, county and zip code.

A photo must be attached to ALL new applications. An appraisal must be attached for new purchases.

Item 36 and 37; If answered YES requires a written explanation.

Driving directions are required on all rural properties.

SIGNATURES ACCEPTED

Applicants, Legal Guardians or Legal Representatives, Partners if Partnership, Corporate Officer if Corporation.

DWELLING PROPERTY

If insuring contents coverage in a multiple family dwelling, must include floor, apartment number or letter where contents are located.

A ten (10) percent extension of coverage A is applicable to all outbuildings on the premises.

Any additional coverage on outbuildings requires a photo and amount of coverage desired.

COMMERCIAL PROPERTY

A Class Rate Information form must be completed and submitted along with the application on all Commercial class related risks containing 15,000 or less square feet in a single fire division.

All occupancies in the building and square footage for each occupancy must be shown.

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

FARM PROPERTY

A Farm Property Schedule Of Items form must be completed and submitted along with the application on all Farm risk, and a photo of each building or structure is required.

INQUIRES

Use the name of the Applicant or the Document number shown in the lower right hand corner of quotes.

Missouri Property Insurance Placement Facility 906 Olive St – Suite 1000 - St Louis MO 63101

THIS APPLICATION IS NOT A BINDER OF INSURANCE. *PRODUCERS DO NOT REPRESENT THIS FACILITY AND CANNOT BIND COVERAGE ON OUR BEHALF.*

APPLICATION FOR (Check One) DWELLING COMMERCIAL FARM

HAS APPLICANT PREVIOUSLY APPLIED TO MO FAIR PLAN APPLICATION IS: ASSIGNMENT OF POLICY # _____
 FOR INSURANCE ON THIS LOCATION? YES NO NEW EFFECTIVE DATE _____

LOCATION OF PROPERTY--SUBMIT AN APPLICATION FOR EACH FIRE DIVISION--EVERY QUESTION MUST BE COMPLETED, "N/A" IF NOT APPLICABLE

00. Indicate if: INSIDE CITY LIMITS OUTSIDE CITY LIMITS
 01. Number Street _____
 02. Section, Township, Range OR Lot & Block Number _____
 03. City County Zip _____

APPLICANT'S NAME AND MAILING ADDRESS

04. Name _____
 05. Name _____
 06. Number and Street or P O Box Number _____
 07. City, State, Zip _____
 08. Occupancy is: Owner Occupied Tenant Occupied
 09. Escrowed? Should Mortgagee Co be billed? YES NO

NAME(S) AND ADDRESSES OF MORTGAGEE(S)

10. Name of first Mortgagee _____
 11. Address _____
 12. City, State, Zip _____
 13. Loan# _____
 14. Name of second Mortgagee _____
 15. Address _____
 16. City, State, Zip _____
 17. Loan# _____

NAME AND PHONE # OF PERSON INSPECTOR CAN CONTACT

18. Name _____
 19. Daytime Phone Number _____

PRODUCER AND/OR AGENCY INFORMATION

20. Name _____
 21. Address _____
 22. City, State, Zip _____
 23. Account Number Phone Number _____
 24. Signature _____

AMOUNT OF INSURANCE

FIRE	AMOUNT	CO-INS	CHECK IF DESIRED: <input type="checkbox"/> EC <input type="checkbox"/> V & MM
25. Building		N/A	
26. Contents		%	
27. Other		%	

MANDATORY DISCLOSURE OF EXCLUDED COVERAGES

The following are an example of coverage's that are not provided: loss by theft, liability, additional living expense, weight of ice & snow, flood, earthquake, back-up of sewer drains and/or sumps, burst water pipes or any combination of these.

NOTICE: FAILURE TO ANSWER THE QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT!

I certify the above information to be true and correct to the best of my knowledge.

DATE _____ SIGNATURE OF APPLICANT ONLY _____ PHONE NUMBER _____

28. Seasonal Occupancy? Yes No
 29. Farm (name principal crop or livestock) _____
 30. Are there Outbuildings? Yes No Condition? Good Poor
 31. Outdoor Radio/TV Equipment? Yes No Amt Ins _____
 32. Awnings/Signs? Camopies? Yes No Amt Ins \$ _____
 33. Deductible Amount? _____

34. Is this application for new construction? Yes No
 35. If Yes, has any part of the building been started? Yes No
 What is the expected completion date? _____
 36. Is any part of the building vacant or unoccupied? Yes No
 If Yes, advise the percentage, reason, and how long _____

37. Has applicant or any other party with interest in this property had any Fire losses to any property in excess of \$500? Yes No
 If Yes, please explain. _____

38. More than three dwellings insured on this property? Yes No

39. No of Families ? 1 2 3 4 5 More than five

40. If this is a dwelling application, is there a business being operated on the premises?
 Yes No If yes, describe business. _____

(FARM complete: Farm Form)

Dwelling 41. Construction Type (Circle One) 1. Frame (not otherwise classified) 2. Veneer (Brick, Stone or Masonry) 3. Brick, Stone or Masonry 4. Fire Resistive 5. Aluminum or Plastic siding over frame 6. Mobile Home on Enclosed Masonry Foundation 7. Reserved	Commercial Construction Type (Circle One) 8. Frame 9. Brick 10. Noncombustible 11. Masonry Noncombustible 12. Modified Fire Resistive 13. Fire Resistive
---	---

42. Mobile Home Serial No. _____ Model _____
 Year _____ Brand _____ Length _____ Width _____

43. Protection Class (Circle One) 1 2 3 4 5 6 7 8 8B 9 10

44. Feet from Fire hydrant? _____ Miles from Fire Dept? _____

45. Servicing Fire Dept or F D P _____

If F D is a subscription Fire Dept does applicant subscribe? Yes No

46. Market value of property? Bldg \$ _____ Contents \$ _____

47. Wood/Coal Burning Stove? Yes No

48. What kind of material does the stove base consist of? _____

49. What is the distance from the stove to the rear wall? _____

50. What is the distance from the stove to the side wall? _____

51. Date of Purchase of building (if building coverage) _____

52. Purchase Price \$ _____

53. Amount of alterations or improvements completed _____