

RESIDENTIAL CRIME APPLICATION

APPLICANT NAME AND MAILING ADDRESS

PRODUCER &/OR AGENCY NAME AND ADDRESS

Name _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Account# _____ Phone _____

Location of premises should be shown on line below.

City _____ County _____ Zip _____

Insured's interest in premises (please check one)

Owner Occupant _____ Tenant _____ Absentee-Owner _____ Are premises seasonal? Yes _____ No _____

Number of persons unrelated to insured who reside at the premises: _____

Are all doors, doorways, windows and other accessible openings protected? Yes _____ No _____
(see protection device requirements)

Has the applicant(s) had any Crime losses? Yes _____ No _____ If Yes, list all such losses on a separate memo.

Amount of insurance desired (check one)

\$1,000 _____ \$3,000 _____ \$5,000 _____ \$7,000 _____ \$10,000 _____

Premiums for each of the above amounts of insurance:

\$72.00 \$84.00 \$108.00 \$132.00 \$144.00

Premium must accompany the application in the form of check or money order payable to: MO FAIR PLAN

NOTE: TO BE ELIGIBLE
CERTIFICATION BY APPLICANT

I certify that the statements made on this application are true and correct to the best of my knowledge and belief and that I have read the information on the back of the application.

Signature of Applicant and Phone number

Date

CERTIFICATION BY PRODUCER

I certify that I am a licensed Agent or Broker in the State Of Missouri, that the date of my signature is correct, and that I have explained to the Applicant that, compliance with protection device requirements is a prerequisite for coverage under this Policy. I also agree that in the event of cancellation of a policy, I shall ratably refund commissions on the unearned portion of premiums at the same rate at which such commissions were originally paid.

Signature of Producer

Date

PRIVACY ACT STATEMENT

The information requested is necessary to process your application for Crime Insurance. It is voluntary on your part to furnish the information. It will not be disclosed outside, except to claims adjusters to enable them to confirm coverage and the location of insured property or as required or permitted by law. Failure by you to provide the information may result in a delay in processing or denial of your application or in payment of a claim.

LOCATION OF PREMISES

If inside the city limits, please show the street and number or lot and block. If an apartment, show the apartment number, letter, or floor the apartment is located. If outside the city limits, please show the Section, Township and Range. Do NOT show the Rural Route number or the P O Box number. The city, county, and zip code must be shown.

PROTECTIVE DEVICE REQUIREMENTS

THE FOLLOWING PROTECTIVE REQUIREMENTS SHALL APPLY TO ALL RESIDENTIAL PROPERTIES.

- 1) Each exterior doorway or doorway leading to garage areas, public hallways, terraces, balconies, or other areas affording easy access to insured premises, shall be protected by a door which, if not a sliding door, shall be equipped with a dead lock using either an interlocking vertical bolt and striker, or a minimum 1/2 inch throw bolt, or a minimum 1/2 inch throw self-locking dead latch.
- 2) All sliding doors, first floor and basement windows, and windows opening onto stairways, fire escapes porches, terraces, balconies, or other areas affording easy access to the premises, shall be equipped with a locking device of any kind.

The insured will be placed on written notice of any deficiency at the time of inspection, which may be conducted during adjustment of the first loss.

IMPORTANT PROVISIONS OF THE RESIDENTIAL CRIME INSURANCE POLICY

- 1) The policy covers loss due to burglary, which means the stealing of property from the home or apartment listed on your application, leaving visible marks of forcible entry.

NOTE! The policy does not cover mysterious disappearance, or unobserved theft.

- 2) The policy covers loss due to robbery, which means the stealing of personal property from the insured listed on your application (or a permanent member of his/her household) by force or threat of force, such as a holdup or mugging.
- 3) If you should have a loss, remember these two important steps in filing a claim:
 - (a) Notify your local law enforcement authorities immediately.
 - (b) Report your loss to the Company either by contacting your insurance agent or broker or by contacting Missouri FAIR Plan Claim Department – (314)421-0170 or for persons living in Missouri, but outside the St Louis area (800)392-7240.
- 4) If you share your house or apartment with 3 or more persons not related to you, each occupant must purchase a separate policy in order to be insured, with coverage limitations.
- 5) If a business is being conducted on the premises, it can be insured on a separate commercial policy. It is not covered by the residential policy.
- 6) Damage to the interior of your house or apartment and its contents during a burglary or robbery, or attempted burglary or robbery, is covered. Damage to the exterior of your house at the point of entry is also covered if you are the owner or are legally liable to the owner for the damage.
- 7) The loss of jewelry, furs, fine arts, antiques, coin or stamp collections and articles of gold, silver, or platinum, is limited to an aggregate per occurrence of \$1,500 or \$500 for any one article. The policy limit for loss of cash is \$200 and for securities is \$500.
- 8) Documentation such as receipts, bills of sale or appraisals must be provided to support loss claimed.