

<p>18. HAVE YOU HAD ANY LOSSES TO THIS PROPERTY WITHIN THE PAST THREE YEARS? IF YES, COMPLETE BELOW</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DESCRIBE THE DATE, CAUSE, AMOUNT PAID AND CURRENT STATE OF REPAIRS OF EACH LOSS</p> <p>_____</p> <p>_____</p> <p>DESCRIBE LIABILITY LOSS IN DETAIL:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>21. (a) NAME AND <u>COMPLETE</u> ADDRESS OF MORTGAGEE(S):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(b) AMOUNT OF OUTSTANDING MORTGAGE(S): \$ _____</p> <p>ARE PAYMENTS DELINQUENT? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p> <p>_____</p> <p>(c) NAME AND <u>COMPLETE</u> ADDRESS OF LOSS PAYEE(S):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>19. HYDRANT WITHIN: _____ FEET</p> <p>FIRE DEPARTMENT WITHIN: _____ MILES</p>	<p>22. ESTIMATED MARKET VALUE:</p> <p>BUILDING \$ _____ LAND \$ _____</p> <p>ESTIMATED REPLACEMENT COST \$ _____</p>
<p>20. IF TENANT OCCUPIED, MONTHLY RENTAL INCOME:</p> <p>\$ _____</p>	

REMARKS

**23. APPLICATION IS MADE FOR THE FOLLOWING INSURANCE WHICH IS LIMITED TO THE BUILDINGS AND CONTENTS DESCRIBED.
(COVERAGE REQUESTED SHOULD BE FOR ACTUAL CASH VALUE, NOT REPLACEMENT COST)**

HABITATIONAL PROPERTY

<p>(1 - 4 FAMILIES) NUMBER OF FAMILIES _____</p> <p><input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> TENANT OCCUPIED <input type="checkbox"/> VACANT</p> <p>AMOUNT OF COVERAGE DESIRED:</p> <p>BUILDING \$ _____ CONTENTS \$ _____</p> <p>OTHER STRUCTURES \$ _____</p> <p>(IN ADDITION TO THE 10% AUTOMATIC COVERAGE)</p>	<p>DEDUCTIBLE:</p> <p><input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> VACANT/UNOCCUPIED</p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500</p> <p>(VACANT/UNOCCUPIED = 5% OR \$1,000 MINIMUM)</p>
	<p>COINSURANCE: NONE AVAILABLE</p>
<p>CHECK PERILS DESIRED:</p> <p><input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION <input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF</p> <p><input type="checkbox"/> EXTENDED COVERAGE (WIND, HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION)</p>	

LIABILITY

FOR 1 - 3 FAMILY DWELLINGS ONLY

AMOUNT DESIRED: \$25,000 \$50,000 \$100,000 \$300,000

COMMERCIAL PROPERTY

<p>AMOUNT OF COVERAGE DESIRED:</p> <p>BUILDING \$ _____ CONTENTS \$ _____</p> <p>OTHER STRUCTURES \$ _____</p> <p>(NO AUTOMATIC EXTENSIONS)</p>	<p>DEDUCTIBLE:</p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$50,000</p> <p><input type="checkbox"/> \$1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$75,000</p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> VACANT/UNOCCUPIED</p> <p>(VACANT/UNOCCUPIED = 5% OR \$1,000 MINIMUM)</p>
<p>CHECK PERILS DESIRED:</p> <p><input type="checkbox"/> GROUP I (FIRE, LIGHTNING, EXPLOSION)</p> <p><input type="checkbox"/> GROUP II (WIND OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION)</p> <p><input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF</p> <p><input type="checkbox"/> SPRINKLER LEAKAGE</p>	<p>COINSURANCE</p> <p><input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> FLAT/NO COINSURANCE</p> <p><u>EXACT</u> OCCUPANCY</p>

APPLICANT MUST SIGN AND DATE THIS APPLICATION

CERTIFICATION OF APPLICANT FOR INSURANCE

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE ON THIS PROPERTY. I (WE) UNDERSTAND THAT THIS REQUEST IN NO WAY BINDS THE FAIR PLAN TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTION(S) IS FOR FIRE AND EXTENDED COVERAGE INSURANCE, VANDALISM AND MALICIOUS MISCHIEF INSURANCE. LIABILITY COVERAGE SHALL BE LIMITED TO THOSE FORMS OF INSURANCE AVAILABLE IN THE NORMAL VOLUNTARY MARKET FOR SINGLE FAMILY, TWO FAMILY, THREE FAMILY OR SEASONAL DWELLINGS OF NOT MORE THAN THREE FAMILIES. REGARDLESS OF WHETHER A POLICY IS ISSUED, NEITHER THE CONNECTICUT FAIR PLAN, THE INSURANCE SERVICES OFFICE, NOR ANY COMPANY REPRESENTED THEREBY, WILL BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION(S), THE INSPECTION REPORT(S) OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTION(S) OR REPORT(S). IT IS EXPRESSLY UNDERSTOOD THAT ANY INSPECTION OF THIS PROPERTY BY THE FAIR PLAN WILL BE FOR THE EXCLUSIVE BENEFIT OF THE FAIR PLAN, AND IS NOT INTENDED TO BENEFIT THIS APPLICANT OR ANY OTHER PERSON. NOTHING CONTAINED OR OMITTED FROM SAID INSPECTION REPORT(S) SHALL BE CONSTRUED TO INFER OR IMPLY THAT HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION(S). PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION REPORT(S) TO THE CONNECTICUT INSURANCE DEPARTMENT, THE CONNECTICUT FAIR PLAN, INSURANCE SERVICES OFFICE, INSURERS AND MY (OUR) AGENT(S) OR REPRESENTATIVE(S).

PROVISIONAL BINDERS

1. TO PREVENT LAPSES OF INSURANCE COVERAGE FOR RISKS ELIGIBLE UNDER THE PROGRAM BEFORE COVERAGE HAS BEEN MADE AVAILABLE OR DECLINED, THE INSURANCE REQUESTED, SUBJECT TO ALL PROVISIONS OF THIS PROGRAM, WILL BE AUTOMATICALLY **EFFECTIVE ON THE TWENTY-FIRST DAY FOLLOWING THE DATE THE APPLICATION WAS RECEIVED OR SUCH LATER DATE REQUESTED BY THE INSURED ON THE APPLICATION IF:**
 - a. THROUGH NO FAULT OF THE APPLICANT, COVERAGE HAS NOT BEEN EITHER OFFERED OR DENIED WITHIN TWENTY CALENDAR DAYS AFTER THE DATE THE REQUEST FOR INSPECTION WAS RECEIVED **AND**
 - b. THE APPLICANT, AT ANY TIME PRIOR TO THE RECEIPT OF AN INSPECTION REPORT INDICATING THAT THE PROPERTY IS UNINSURABLE, PAYS THE ESTIMATED ANNUAL PREMIUM.
2. MANUAL RATES SHALL BE USED IN DEVELOPING THE ESTIMATED ANNUAL PREMIUM WHICH SHALL BE SUBJECT TO AN APPROPRIATE PREMIUM ADJUSTMENT, BASED ON THE INSPECTION OF THE PROPERTY.

THIS APPLICATION IS FOR AN ACTUAL CASH VALUE POLICY. WE DO NOT PROVIDE REPLACEMENT COST FOR BUILDINGS OR CONTENTS.

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

NOTICE TO APPLICANT: THE PRODUCER LISTED IN THIS APPLICATION IS NOT A REPRESENTATIVE OR AN AGENT OF THE CONNECTICUT FAIR PLAN. HE IS YOUR REPRESENTATIVE AND AGENT. ACCORDINGLY, THE DELIVERY OF ANY NOTICE OR INFORMATION REQUIRED FROM YOU BY THIS APPLICATION, OR ANY POLICY THAT MAY BE SUBSEQUENTLY ISSUED BY THE CONNECTICUT FAIR PLAN, IF GIVEN TO YOUR AGENT, WILL NOT CONSTITUTE DELIVERY TO THE CONNECTICUT FAIR PLAN UNLESS SUCH NOTICE OR INFORMATION IS IN FACT DELIVERED TO THE CONNECTICUT FAIR PLAN. THE CONNECTICUT FAIR PLAN WILL NOT BE RESPONSIBLE FOR THE FAILURE OF YOUR AGENT TO DELIVER ANY NOTICE OR INFORMATION.

SIGNATURE OF APPLICANT _____ DATE: _____

THERE IS A \$25 CHARGE FOR ANY CHECK RETURNED FROM THE BANK

IF APPLICANT IS AN INDIVIDUAL, PERSONAL SIGNATURE, NOT THAT OF AN AGENT OR BROKER, IS REQUIRED

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, A CORPORATE QUESTIONNAIRE MUST ALSO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE FIRM, PRINTING NAME AND TITLE BELOW AS WELL AS CERTIFICATION OF APPLICATION.

THE CONNECTICUT INFORMATION AND PRIVACY ACT, NOTICE OF ADVERSE UNDERWRITING DECISION FORM NO. 175
MUST BE SIGNED FOR OWNER OCCUPIED DWELLING APPLICATIONS SUBMITTED TO THE CONNECTICUT FAIR PLAN.

NOTICE OF ADVERSE UNDERWRITING DECISION

CONNECTICUT LAW REQUIRES THAT YOU BE GIVEN THIS NOTICE.

READ IT CAREFULLY AND KNOW YOUR RIGHTS

WHAT HAPPENED?

YOU ARE BEING OFFERED INSURANCE BY THE CONNECTICUT FAIR PLAN.

THE COST OF INSURANCE WRITTEN THROUGH THE PLAN IS GENERALLY HIGHER THAN THE COST OF INSURANCE WRITTEN VOLUNTARILY BY A PRIVATE INSURANCE COMPANY.

WHAT ARE YOUR RIGHTS?

YOU HAVE THE RIGHT TO KNOW THE SPECIFIC REASONS WHY YOUR AGENT OR PRODUCER IS OFFERING YOU THIS COVERAGE, BUT YOU MUST ASK FOR THEM. PLEASE INDICATE BELOW WHETHER YOU WANT TO KNOW THE REASONS. THEN, SIGN YOUR NAME AND RETURN THIS FORM TO YOUR INSURANCE AGENT OR PRODUCER.

THIS FORM MUST BE SIGNED - EVEN IF REASONS ARE NOT REQUESTED.

I REQUEST THE REASON(S) WHY I AM BEING OFFERED INSURANCE THROUGH THE PLAN.

I DO NOT REQUEST THE REASON(S).

ADDITIONAL INFORMATION?

YOU ARE ENTITLED TO KNOW THE SPECIFIC TERMS OF INFORMATION THAT SUPPORT THE REASONS FOR PLACING YOU IN THE PLAN, AND THE IDENTITY OF THE SOURCES OF THIS INFORMATION. YOU ALSO HAVE THE RIGHT TO SEE AND OBTAIN COPIES OF ANY DOCUMENT IN THE FILE RELATING TO THIS ACTION TAKEN. IF YOU ASK US TO CORRECT, AMEND OR DELETE ANY INFORMATION ABOUT YOU IN OUR FILES AND IF WE REFUSE TO DO SO, YOU HAVE THE RIGHT TO GIVE US A CONCISE STATEMENT OF WHAT YOU BELIEVE IS THE CORRECT INFORMATION. WE WILL PUT YOUR STATEMENT IN OUR FILE SO THAT ANYONE REVIEWING YOUR FILE WILL SEE IT. IF YOU WOULD LIKE ADDITIONAL INFORMATION OR IF YOU WOULD LIKE TO REVIEW YOUR FILE, PLEASE CONTACT THE INSURANCE AGENT OR PRODUCER LISTED ON PAGE ONE OF THIS FORM.

YOU MUST REQUEST THIS ADDITIONAL INFORMATION IN WRITING WITHIN NINETY (90) BUSINESS DAYS OF THE DATE OF THIS NOTICE. IF YOU DO NOT RECEIVE THE INFORMATION YOU REQUEST, YOU MAY FILE A COMPLAINT WITH THE CONNECTICUT INSURANCE DEPARTMENT BY CALLING 860-297-3900, OR BY WRITING TO:

CONNECTICUT INSURANCE DEPARTMENT
P.O. BOX 816
HARTFORD, CONNECTICUT 06142-0816

APPLICANT: _____

DATE: _____