

K. BUILDING CONSTRUCTION					
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry/Noncombustible <input type="checkbox"/> Fire Resistive					
L. MOBILE HOME – COMMERCIAL USE					
Year: _____ Make: _____ Model: _____					
Serial Number: _____ Dimensions: _____ Type of Siding: _____					
Is the mobile home tied down? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the mobile home on a permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
M. SPRINKLER SYSTEM					
Does the building have a sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date of most recent testing: _____					
9. COVERAGE/UNDERWRITING INFORMATION					
The Kansas FAIR Plan cannot provide coverage in excess of 100% of actual cash value or present market value, whichever is less, nor in excess of any recent purchase price without evidence of increased value. *Actual Cash Value (ACV) is defined as replacement cost less depreciation. **Market Value is defined as the price which a property will bring on the open market, less the value of the land.					
A. ESTIMATED ACTUAL CASH VALUE: * \$ (Attach agency figures with application.)			B. PRESENT MARKET VALUE: ** \$		
C. PURCHASE PRICE - If the property value has increased over a recent purchase price, evidence of increased value (contracts, list of improvements, real estate appraisal, etc.) must accompany the application. Was the property purchased in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Purchase Date: _____ Purchase Price: _____					
D. AMOUNT OF COVERAGE REQUESTED					
Building Coverage: \$			Contents Coverage: \$		
E. DEDUCTIBLE	F. COINSURANCE <input type="checkbox"/> Nil <input type="checkbox"/> *80% *Must attach ACV figures		G. PERILS INSURED Group I & Group II apply. (Includes all perils unless excluded below.) Perils to exclude: <input type="checkbox"/> Vandalism <input type="checkbox"/> Windstorm and Hail <input type="checkbox"/> Sprinkler Leakage		
H. VACANCY OR UNOCCUPANCY					
Is the property vacant or unoccupied? <input type="checkbox"/> Yes <input type="checkbox"/> No If only a portion of the building is vacant, advise % of vacant portion: _____ %					
How long has the building been vacant? _____			How long do you anticipate vacancy to continue? _____		
What is the intended occupancy? _____		Is the building for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise sale price? \$ _____			
Are utilities turned on at the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water If no, advise reason or date of activation: _____					
*EXPLAIN ALL YES ANSWERS IN COMMENTS SECTION BELOW:				*YES	NO
Are any portions of the building open to trespass?					
Are there any broken windows on the building that are not boarded over?					
Is the property awaiting demolition?					
VACANCY COMMENTS					
10. LOSS HISTORY					
Have there been any losses in the past five (5) years at the property or for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below: (If additional space is required for explanation of losses, use #12 Remarks Section or attach a separate sheet of paper.)					
Date	Type	Describe loss in detail	Amount	Repairs Completed	
11. ADDITIONAL UNDERWRITING/GENERAL INFORMATION					
*EXPLAIN ALL YES ANSWERS IN COMMENTS SECTION BELOW				*YES	NO
Are there unrepaired damage or other housekeeping/maintenance issues?					
Are there currently any fire, safety, health or construction code violations?					
Is there a known mold hazard at the building?					
Are there currently foreclosure or real estate taxes and/or mortgage payments delinquent or other liens or judgments affecting the property?					
Has any person having financial interest in the property been indicted or convicted for fraud, bribery, arson or any other crime for the purpose of defrauding an insurance company?					
A. CONDITION OF THE PROPERTY					
Building <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Roof <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Does roof the leak? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate age of roof: _____					
B. INSPECTION OF PROPERTY (This person will be contacted only if the inspector needs assistance.) Person to accompany inspector: _____ Phone Number: _____					
C. PREVIOUS INSURER		POLICY NUMBER		EXPIRATION DATE	
D. REASON FOR DECLINATION, CANCELLATION OR NONRENEWAL					

12. REMARKS SECTION

In consideration of the Facility agreeing to undertake an inspection(s) and other actions related to possible placement of the described property for insurance purposes, I (we) understand and agree:

1. That this application must be complete in detail as to all of the questions set forth herein.
2. That the Kansas All-Industry Placement Facility and the Servicing Insurer will rely upon the truth of the information set forth in the application in making its determination whether or not to issue the policy and I (we) certify that all information set forth herein is true and correct. I (we) acknowledge that willful concealment or misrepresentation of material facts may provide grounds for denial of a claim or cancellation of the policy.
3. That any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
4. That the producer/agent is not an agent of the Kansas All-Industry Placement Facility, or the Servicing Insurer, or any insurer for the purposes of this application and has no authority to bind insurance.
5. That the submission of this application in no way requires or binds any company to provide insurance on the above described property.
6. To accompany your representatives, if requested, while they inspect the above described property.
7. Inspection(s) made pursuant to this application or in any way connected with the Kansas All-Industry Placement Facility, and any report and recommendation made in connection with such inspection(s) are only to evaluate the above described property for insurance underwriting purposes. Inspections, reports and recommendations made pursuant to this application are not designed for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or nonexistence of hazardous conditions upon the above-described or contiguous property.
8. I (We) hereby authorize and permit you and your representative(s) to disclose information to third parties when the FAIR Plan believes it is necessary to conduct our business or when disclosure is permitted by law.
9. Without limiting any rights granted under the Kansas All-Industry Placement Facility program, I (we) hereby agree to make no claim of any nature, direct or consequential, except for claims on any policy of insurance, against the Kansas All-Industry Placement Facility, the Servicing Insurer, any insurer member of the Facility and the agents, employees or representatives of any of the foregoing, for or on account of or in any manner arising out of any inspection(s) or subsequent processing of the application, or any acts, omissions or negligence in connection therewith, and any such claims which I (we) have or which may hereafter accrue, are released and waived.
10. I (We) have been unable to procure similar insurance at normal rates although my risk has been submitted to at least three other insurance companies authorized to transact insurance business in Kansas and I (we) hereby request the issuance of this policy at rates approved for use for the Kansas All-Industry Placement Facility. I (We) understand that this certification does not preclude my (our) right to an inspection under the Kansas All-Industry Placement Facility.
11. I (We) hereby agree to pay all premiums when due, and designate the undersigned agent as my (our) agent and Producer of Record for this insurance.
12. I (We) hereby agree that if it is found that any portion of the coverage requested in this application is not eligible for FAIR Plan coverage, the premium submitted for this ineligible coverage will be applied to the premium due on the remaining eligible coverage.

PRODUCER'S CERTIFICATION - READ AND COMPLETE IN FULL

I hereby certify that I am a licensed property and casualty insurance agent in the State of Kansas. I have explained the provisions of the Kansas All-Industry Placement Facility to the applicant. In the event a policy is issued and then cancelled or a change is made resulting in a return premium, I agree to return my proportionate share of the commission on such return premium. I hereby certify that all of the information contained in this application was supplied to me by the applicant and a copy of the application have been provided to the applicant.

_____ X _____
Printed Name of Agent Signature of Agent

() _____ () _____ _____
Agency Phone Number Fax Number Email Address

_____ Is your agency incorporated? Yes No
Tax ID Number/SSN for Form 1099 filing

THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE. AGENTS DO NOT HAVE BINDING AUTHORITY. UNDER NO CIRCUMSTANCE IS COVERAGE EFFECTIVE UNTIL THE APPLICATION IS ACCEPTED BY THE KANSAS FAIR PLAN.

APPLICANT'S CERTIFICATION - READ AND COMPLETE IN FULL

I understand that I must immediately notify the Kansas All-Industry Placement Facility, in writing, of any changes or information which I become aware of that may affect my coverage. I hereby certify that I have supplied all of the information in the foregoing application and that I have read and understand the foregoing information. I certify that all of the information contained in this application is true and correct. I understand that any misinformation in this application may provide grounds for denial of any claim thereunder or cause cancellation of this policy. I acknowledge the receipt of a copy of this completed application.

X _____
Signature of Applicant Title
(Signature must be named applicant, name of official or representative if applicant is corporation, firm, estate, etc.)

() _____ AM PM
Applicant's Phone Number Date Time of Day