Please Check Attached Items:

☐  BASIC PROPERTY APPLICATION (Must Complete)

☐  DWELLING FIRE SUPPLEMENT

☐  HOMEOWNERS SUPPLEMENT

☐  FARM SUPPLEMENT

☐  COMMERCIAL SUPPLEMENT

☐  REHABILITATION SUPPLEMENT

☐  BOWLING ALLEY SUPPLEMENT

☐  PHOTOS ENCLOSED (Required for Binder Coverage)

☐  DWELLING OR COMMERCIAL STRUCTURE

☐  DETACHED GARAGES, SHEDS, ETC.

☐  DEPOSIT ENCLOSED (Required for Binder Coverage)

☐  $250 ( Dwelling Fire, Homeowners)

☐  $500 (Commercial, Farm)

☐  OTHER AMOUNT $  _________
A. BINDER (TEMPORARY INSURANCE COVERAGE) INFORMATION
The minimum binder deposit premium for homeowners and dwelling fire risks is:
- 25% of the "estimated" full annual premium or $250 whichever is greater.
The minimum binder deposit premium for commercial and farm risks is:
- 25% of the "estimated" full annual premium or $500 whichever is greater.
The Ohio FAIR Plan Underwriting Association (OFPUA) may, therefore, request an additional dollar amount to meet this minimum.

An OFPUA underwriter will review binder coverage. OFPUA will notify you when coverage is provided, the effective date of the coverage and the amount of coverage being provided.

- Photo(s) must accompany all OFPUA applications to be considered for binder coverage.
  - If coverage is wanted for other structures (detached garages, sheds, etc.) a photo must be provided of that other structure. If no photo is provided, other structure coverage will be declined.
  - Once an inspection has been completed, it will be reviewed for coverage eligibility.
  - All incomplete applications will be declined in writing.

B. UNDERWRITING CRITERIA
The following risks are NOT ELIGIBLE for OFPUA coverage:
1. Property with manufacturing on premises.
2. Property with less than 50% occupancy.
3. Property with unrepaired damage or unsettled losses.
4. Property with specific characteristics of ownership, condition, occupancy and maintenance that are violative of law or public policy and/or may result in increased exposure to loss.

C. STATUTORY REQUIREMENTS
To be eligible for coverage, the following must be TRUE:
1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in the application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. Applicant(s) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

D. LIABILITY INFORMATION
ELIGIBLE PROPERTIES:
- Properties written under homeowners coverage form (HO 00 08, HO 00 02, HO 00 03).
- Properties written under dwelling fire coverage form (DP 00 01) that are owner occupied residence premises or tenant occupied if that tenant is the named insured.

ELIGIBILITY REQUIREMENTS:
- There must be no commercial business or farming being conducted on premises.
- There may be no loss-producing hazards such as trip, slip, and fall hazards.
- There must be handrails installed on all steps, stairs and porches.
- The property must be free from the presence of any aggressive or vicious animal(s) including but not limited to pitbulls and pitbull mixes.
- The property may not have an unfenced swimming pool, hot tub, jacuzzi or trampoline.
### E. Basic Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Agent’s Name</td>
<td>Property Address</td>
</tr>
<tr>
<td>Your Agent’s Address</td>
<td>Mortgagee Name</td>
</tr>
<tr>
<td>Agent’s Phone Number</td>
<td>Mortgagee Address</td>
</tr>
<tr>
<td>Agent’s Fax Number</td>
<td>Loan Number</td>
</tr>
<tr>
<td>Agent’s E-mail</td>
<td>Land Contract Seller/Buyer or Second Mortgagee Address</td>
</tr>
<tr>
<td>Applicant’s Name (If applicant is a corporation provide names of officers on separate page)</td>
<td></td>
</tr>
<tr>
<td>Applicant’s Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Loan Number</td>
<td></td>
</tr>
</tbody>
</table>

### F. Inspection Contact Information

An inspection of the property must be completed. Please provide a contact person and phone number.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person Name</td>
<td>Work Phone Number</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>Additional Contact Information</td>
</tr>
</tbody>
</table>

### G. Effective Date Information

Binder coverage will be effective the day following OFPUA’s receipt of your completed application, photo(s), and binder deposit premium. You may request a later effective date: ____________

### H. Rating Information

1. Is property at least 50% occupied? **If no, property does NOT qualify for OFPUA coverage.**
   - YES
   - NO

2. Number of Families: 
   - 1
   - 2
   - 3
   - 4
   - Other

3. Construction: 
   - Frame
   - Masonry
   - Other

4. First Floor Square Footage: ________________


6. Central Air Conditioning: 
   - YES
   - NO

7. Fireplace: 
   - YES
   - NO

8. Number of Kitchens: 
   - 1
   - 2
   - 3
   - 4
   - Other

   *If more than four, refer to Commercial Supplement (ACORD 174 OH)*

9. Number of Bathrooms: ________________

10. Finished Basement/Attic: 
    - YES
    - NO

11. Built-in Appliances: (If yes, list them) ________________
    - YES
    - NO

12. Other Dwelling Features: (If yes, describe) ________________
    - YES
    - NO

13. Has wiring been updated? (If yes, describe) ________________
    - YES
    - NO

14. Type of Wiring: 
    - ROMEX
    - KNOB & TUBE
    - OTHER

15. Type of Electric Box: 
    - FUSE
    - BREAKER
    - OTHER

16. Has heating system been updated? (If yes, describe) ________________
    - YES
    - NO

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H. RATING INFORMATION (continued)

17. TYPE OF HEATING SYSTEM:
   - CENTRAL
   - SPACE HEATER
   - WOODBURNER
   - OTHER

   IF CENTRAL HEATING SYSTEM IS IT GAS ELECTRIC COAL OTHER

   IF WOODBURNER/SPACE HEATER, IS IT USED AS A MAIN HEAT SOURCE?
   - YES NO
   - If yes, is heat maintained in dwelling 24 hours a day to prevent freezing pipes?
     - YES NO

   IF WOODBURNER/SPACE HEATER, IS IT USED AS SUPPLEMENTAL HEAT?
   - YES NO

18. HAS PLUMBING BEEN UPDATED? (If yes, describe)

19. ARE GUTTERS ROUTINELY CLEANED OUT?

20. NUMBER OF FEET TO THE NEAREST FIRE HYDRANT:

21. NUMBER OF MILES TO THE NEAREST FIRE DEPARTMENT:

22. PRESENT OR PREVIOUS INSURANCE COVERAGE:
   a. NAME OF INSURANCE COMPANY
   - YES NO
   b. ANY LOSSES? If yes, list (include date, cause and amount of loss)
   - YES NO
   c. LOSSES BEEN REPAIRED/CLAIMS CLOSED? If no, explain.
   - YES NO

23. IS PROPERTY A MOBILE HOME? If yes, provide:
   - YEAR:
   - MAKE & MODEL:
   - SERIAL NUMBER:
   - YES NO
   " If yes, is it tied down and on a foundation?
   - YES NO
   " If no, property is NOT eligible for coverage. If yes, complete Dwelling Fire Supplement (ACORD 173 OH)

24. IS PROPERTY USED AS SEASONAL ONLY?
   - YES NO
   " If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH)

25. IS DWELLING FIRE COVERAGE REQUESTED?
   - YES NO
   " If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH)

26. IS HOMEOWNERS COVERAGE REQUESTED?
   - YES NO
   " If yes, you must complete Homeowners Supplement (ACORD 172 OH)

27. IS FARMING CONDUCTED ON PROPERTY?
   - YES NO
   " If yes, you must complete Farm Supplement (ACORD 175 OH)

28. IS PROPERTY A COMMERCIAL RISK? (i.e., 5 or more families, retail establishment, etc.)
   - YES NO
   " If yes, you must complete Commercial Supplement (ACORD 174 OH)

29. IS PROPERTY UNDER REHABILITATION OR RENOVATION? If yes, provide:
   - YEAR PURCHASED:
   - PURCHASE PRICE:
   - YES NO
   " If yes, you must complete Dwelling Fire Supplement (ACORD 173 OH) and Rehabilitation Supplement (ACORD 176 OH)
   " If yes, signed contracts and/or itemized list of repairs with approximate cost of each repair must be submitted with this application.

REMARKS

OFP-BPA (10/00)

ACORD 171 OH (2004/03)
I. APPLICANT WARRANTY

In making this application for insurance with the Ohio FAIR Plan Underwriting Association (OFPUA), I (we) understand that:

1. The producer/agent is not an agent of OFPUA or of any insurer for purposes of the application and has no authority to bind insurance.
2. This application is complete and that necessary photos and binder deposit premium are included.
3. OFPUA will rely on the truth of the information contained in this application.
4. The information furnished on the application is incorporated into and becomes a part of my contract of insurance provided by OFPUA.
5. An inspection of my property will be performed to determine my (our) eligibility for insurance. If an adverse action is taken as a result of this inspection, I (we):
   a. will be notified in writing of that action.
   b. will be given the name, address and telephone number of the inspection company that provided the inspection report.
   c. will acknowledge that the inspection company did not make an adverse decision and is not able to explain why the adverse decision was made.
   d. may obtain a copy of the inspection report from the inspection company if I (we) request the inspection report within 60 days.
   e. have the right to dispute directly with the inspection company the accuracy or completeness of any information provided in the inspection report.
6. 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 is guilty of insurance fraud.

Additionally, I (we) certify that:

1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in this application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. I (we) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

Applicant’s Signature ___________________________ Date ___________________________

J. PRODUCER/AGENT WARRANTY

I am an insurance agent licensed to transact basic property insurance in Ohio. I have explained the provisions of the Ohio FAIR Plan Underwriting Association to the Applicant and have had the Applicant read the application in its entirety to assure the Applicant’s understanding of OFPUA. I have specifically informed the Applicant that I am not an agent of OFPUA or any insurer for purposes of this application and that I have no authority to bind the OFPUA to any insurance or otherwise bind the OFPUA in any manner. I have also explained to the Applicant that I am acting as the Applicant’s agent. In the event that coverage is issued and then canceled or terminated, or should a change be made resulting in a return premium due, I agree to return my appropriate share of any commission paid to the OFPUA.

Producer/Agent Signature ___________________________ Date ___________________________

REMARKS