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 Manual for help with completing this application.

ELIGIBILITY REQUIREMENTS

All applications subject to prior underwriting approval.

PRODUCERS DO NOT HAVE BINDING AUTHORITY.

- PROPERTIES MUST MEET UNDERWRITING REQUIREMENTS. REFER TO MANUALS FOR THESE GUIDELINES.
- FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED.
- PHOTOS OF FRONT AND BACK AND OF ALL OUTBUILDINGS ARE REQUIRED.
- THE FULL INSTALLMENT PREMIUM IS REQUIRED.
- FAIR PLAN DOES NOT DECLINE PROPERTIES DUE TO LOSSES CAUSED BY ACTS OF NATURE, HOWEVER; WE RESERVE THE RIGHT TO REQUIRE HIGHER DEDUCTIBLES DEPENDING ON THE FREQUENCY OF LOSS.
- CONDITION CHARGES WILL BE CHARGED IF APPLICABLE; REFER TO THE MANUAL FOR THESE CHARGES.
- WE DO NOT OVERINSURE. PLEASE REFER TO THE MANUAL FOR MAXIMUM VALUE PER SQUARE FOOTAGE.
- THE MINIMUM WRITTEN ANNUAL PREMIUM IS $200 AND A MINIMUM RETAINED PREMIUM OF $100 IS DEEMED FULLY EARNED WHEN ANY COVERAGE IS PROVIDED BY THE ISSUANCE OF A POLICY.
- MAKE CHECKS PAYABLE TO KENTUCKY FAIR PLAN.
- APPLICATION MUST BE LEGIBLE – PLEASE PRINT OR TYPE.

THE PRODUCER MAY BE CONTACTED BY TELEPHONE OR E-MAIL ON APPLICATIONS THAT ARE NOT ACCEPTABLE AS WRITTEN. PLEASE RESPOND IMMEDIATELY OR COVERAGE MAY BE DELAYED AND/OR THE APPLICATION RETURNED OR REJECTED.
KENTUCKY FAIR PLAN HOMEOWNERS APPLICATION

10605 Shelbyville Road, Suite 102
Louisville, KY 40223
502 - 425 - 9998 / 1 - 888 - 222 - 7702
Fax 502 - 425 - 8237
www.kyfairplan.org

INTERNAL USE ONLY

<table>
<thead>
<tr>
<th>Agent #:</th>
<th>F. Dept:</th>
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<tr>
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<tr>
<td>Tax:</td>
<td>Misc:</td>
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<td>M. Sub:</td>
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INSURANCE AGENCY

<table>
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<tr>
<th>AGENCY ADDRESS</th>
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| TAX ID: |
| PHONE (A/C, No, Ext): |
| FAX (A/C, No): |
| E-MAIL ADDRESS: |

| AGENT #: |

---

A. PAYMENT PLAN

- 5-PAY
- QUARTERLY
- SEMI-ANNUAL
- ANNUAL
- MORTGAGEE BILL

(Service Charge of $4.00 applies to each installment)

B. BINDER WILL BE EFFECTIVE WHEN APPROVED BY THE PLAN OR AFTER 20 CALENDAR DAYS FROM RECEIPT OF THE APPLICATION OR AT A LATER DATE UPON REQUEST.

Later Date Requested for Policy: ______________________________

1. FULL NAME OF APPLICANT(S): (First, Middle Initial, Last)

2. ADDRESS OF APPLICANT

   Number and Street
   County
   City State Zip Code

3. LOCATION OF PROPERTY

   Number and Street
   County
   City State Zip Code

   Check if Location is same as address

4. MORTGAGEE

   Loan #
   Name
   Street Address
   City State Zip Code

   2nd MORTGAGEE (or Additional Interest)

   Loan #
   Name
   Street Address
   City State Zip Code

5. TERRITORY CODE

   PROTECTION CLASS

   DEDUCTIBLE
   (Please check deductible desired)
   - 250
   - 500
   - 1,000
   - 2,500

6. GROUND FLOOR SQUARE FOOTAGE

   NUMBER OF STORIES

   YEAR OF CONSTRUCTION

7. BUILDING CONSTRUCTION

   FRAME
   MASONRY
   MODULAR

8. FIRE HYDRANT

   LESS THAN 500 FEET
   LESS THAN 1,000 FEET
   NONE
   FIRE STATION
   0 - 5 MILES
   5 - 8 MILES
   OVER 8 MILES
   FIRE DEPARTMENT
   PAID
   VOLUNTEER

9. WOOD OR COAL STOVE? (If "YES", complete Woodstove Questionnaire on p.6)

   YES
   NO

   EARTHQUAKE COVERAGE

   Earthquake Deductible %: 5, 10, 15, 20 and 25
   Enter Deductible: %

   MINE
   SUBSIDENCE
   YES
   NO

10. INSURANCE COVERAGE DESIRED

   DWELLING
   OTHER STRUCTURES
   PERSONAL PROPERTY
   LOSS OF USE
   PERSONAL LIABILITY AND PROPERTY DAMAGE
   MEDICAL PAYMENT TO OTHERS

   Each Occurrence
   Each Occurrence

   $100,000
   $1,000

11. DOES OWNER LIVE IN THE DWELLING BEING INSURED?

   YES
   NO

12a. IS THE PROPERTY VACANT?

   YES
   NO

12b. IS THIS PROPERTY CURRENTLY OCCUPIED?

   YES
   NO

IF "NO", WHEN WILL IT BE: ____________

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13. ARE ANY MORTGAGE PAYMENTS DELINQUENT?  ☐ YES  ☐ NO  IS THE PROPERTY IN FORECLOSURE?  ☐ YES  ☐ NO

14. IF BUILDING COVERAGE IS DESIRED:  Date of Purchase (if one year or less):_________  Purchase Price:  $ __________

15. ESTIMATE OF INSURANCE VALUE (Replacement Cost Value Less Depreciation):  $ __________

16. PRESENT CARRIER

<table>
<thead>
<tr>
<th>WAS POLICY CANCELLED OR NON-RENEWED?</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>DATE OF CANCELLATION OR NON-RENEWAL</td>
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<tr>
<td>REASON FOR CANCELLATION OR NON-RENEWAL:</td>
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17. GIVE REASON FOR SUBMISSION TO THE FAIR PLAN:

18. HAS APPLICANT PREVIOUSLY APPLIED OR BEEN INSURED BY THE KENTUCKY FAIR PLAN?  ☐ YES  ☐ NO

IF "YES", GIVE THE REASON FOR THIS APPLICATION:

19. LOSS HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>DESCRIBE LOSS IN DETAIL</th>
<th>AMOUNT</th>
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20. I (we) understand and agree:

a. that submission of this application, either electronically, by mail or other means, does not constitute a binder or acceptance by the Kentucky FAIR Plan. A signed and completed application, accompanied by the deposit premium must be mailed or delivered to the Kentucky FAIR Plan. No coverage is provided until fully approved by the Underwriting Department.

b. any inspection(s) made pursuant to this application or renewal of any policy issued, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above described property for property insurance underwriting purposes. Inspections, reports or recommendations made pursuant to this application are not designed for or 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 non-existence of hazardous conditions upon the above described or contiguous property.

c. I (we) hereby authorize and permit you and your representatives to submit copies of any inspections or action reports(s) to members or representatives of the FAIR Plan.

d. That a minimum written and retained premium of $100 will be charged and shall be deemed fully earned when any period of coverage is provided by the issuance of a policy.

I (we) hereby certify that I (we) have been unable to obtain the insurance requested in this application through the normal insurance market.

I attest the information completed in this application is true and correct. I understand the Kentucky FAIR Plan will utilize the information provided in making a decision concerning the issuance of the requested coverage.

I understand that the coverage provided by the Kentucky FAIR Plan is a limited coverage and is written on an actual cash value basis.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

The actions of a producer under this and all other sections of this Plan are deemed to be the actions of the applicant and are not the actions of the Plan. Insofar as the producer is acting as an agent of any party in connection with actions under this or any other section of the Plan, the producer shall be deemed to be the agent of the applicant and not the agent of the Plan.
1. ELECTRICAL SERVICE? ☐ 2 WIRE ☐ 3 WIRE ☐ FUSES ☐ CIRCUIT BREAKERS Year Updated: _________

2. IS THIS A SEASONAL DWELLING? (Unoccupied three (3) or more consecutive months during one year period) ☐ YES ☐ NO

3. TYPE OF STRUCTURE: ☐ SINGLE ☐ DUPLEX ☐ APARTMENT ☐ TOWNHOUSE ☐ CONDOMINIUM

4. OPEN FOUNDATION? ☐ YES ☐ NO

5. ROOF TYPE: ☐ COMPOSITION ☐ WOOD SHINGLE ☐ METAL ☐ SLATE ☐ TILE ☐ OTHER

6. CHIMNEY CONSTRUCTION: ☐ BRICK ☐ BLOCK ☐ METAL ☐ NONE

7. GARAGE(S): ☐ ATTACHED FRAME ☐ DETACHED FRAME ☐ ATTACHED BRICK OR STONE ☐ DETACHED BRICK OR STONE ☐ BUILT IN

8. ANY OTHER BUILDING ON THE PREMISES? (If "YES", comment on condition and use) ☐ YES ☐ NO

GENERAL INFORMATION (Please explain all "OTHER" or "YES" responses in REMARKS)

9. ROOF ☐ GOOD ☐ OTHER

10. CHIMNEY(S) ☐ GOOD ☐ OTHER

11. GARAGE(S) ☐ GOOD ☐ OTHER

12. GENERAL CARE AND CLEANLINESS ☐ GOOD ☐ OTHER

13. ANY REPAIRS OR PAINTING NEEDED? ☐ YES ☐ NO

14. ANY BROKEN, CRACKED OR MISSING WINDOWS? ☐ YES ☐ NO

15. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING? ☐ YES ☐ NO

16. ANY WATER OR FLOODING HAZARDS OR EXPOSURES? ☐ YES ☐ NO

17. WALKS, STEPS, PORCHES OR RAILINGS CRACKED, RAISED OR IN NEED OF REPAIR? ☐ YES ☐ NO

18. ANY REMODELING OR ADDITIONS? ☐ YES ☐ NO

19. IS THERE A SWIMMING POOL? ☐ YES ☐ NO

   IF "YES", IS IT FENCED? ☐ YES ☐ NO

20. ATTRACTIVE NUISANCE(S)? ☐ YES ☐ NO

21. ANY BUSINESS PERFORMED ON PREMISES? ☐ YES ☐ NO

22. ANY FARMING OR LIVESTOCK? (If "YES", not eligible for homeowners) ☐ YES ☐ NO

23. EVIDENCE OF VICIOUS OR AGGRESSIVE ANIMALS? ☐ YES ☐ NO

24. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS? ☐ YES ☐ NO

25. IS DWELLING ON A HILLSIDE? ☐ YES ☐ NO

26. IS PROPERTY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS) ☐ YES ☐ NO

27. IS WATER SUPPLY ACCESSIBLE FOR FIRE EQUIPMENT? (If "NO", explain in REMARKS) ☐ YES ☐ NO

REMARKS

ACORD 64 KY (2011/01) Page 5 of 6
## Woodstove

### Thermostatically Controlled
- **Yes**: [ ]
- **No**: [ ]

### Construction
- **Sheet Metal**: [ ]
- **Cast Iron**: [ ]
- **Other**: [ ]

### Use
- **Primary**: [ ]
- **Supplemental**: [ ]
- **Furnace Add-on**: [ ]

### Fuel Type
- **Wood**: [ ]
- **Coal**: [ ]
- **Pellet**: [ ]
- **Other**: [ ]

### Installation
- **Contractor**: [ ]
- **Insured**: [ ]
- **Other**: [ ]

### Date of Installation
[ ]

### Inspected By
- **Fire Department**: [ ]
- **City Inspector**: [ ]
- **None**: [ ]

### UL Testing Label
- **Yes**: [ ]
- **No**: [ ]

### Smoke Alarm in Room?
- **Yes**: [ ]
- **No**: [ ]

### Fire Extinguisher in Room?
[ ]

### Heat Sensor in Room?
[ ]

### Fire Alarm System in House?
[ ]

### Protective Material on Walls?
- **Material**: [ ]

### If "Yes", One Inch Air Gap Between Shield and Wall?
[ ]

### Protective Material Under Unit?
- **Material**: [ ]

### Ashes Removed in a Metal Container? (If "No", what is used?)
- **Material**: [ ]

### Pipe Assembly
- **Crimped End Down to Control Creosote?**
- **Yes**: [ ]
- **No**: [ ]

### Secured with Sheet Metal Screws?
[ ]

### Hangers if Horizontal Run over Five (5) Feet?
[ ]

### Minimum 1/4 Inch Rise Per Linear Foot of Horizontal Run?
[ ]

### Wall Pass Through Thimble Collar or Opening at Least 12 Inches Larger Diameter Than Stove Pipe?
[ ]

### No More Than Two (2) Bends?
[ ]

### Does Not Pass Through Concealed Spaces (e.g., closets, attics, etc.)?
[ ]

### Measurements - Enter measurements in inches corresponding to the diagram below

See Diagram (Minimum in parentheses - in inches unless otherwise noted)

1. _________ Top of Pipe to Ceiling (18")
2. _________ Rear of Unit to Wall (36" - No Heat Shield, 18" with Heat Shield and 1" Air Gap)
3. _________ Side of Unit to Closest Wall (36" - No Heat Shield, 18" with Heat Shield and 1" Air Gap)
4. _________ Bottom of Unit to Floor (4")
5. _________ Front of Unit to End of Floor Protection (18")
6. _________ Side of Unit to End of Floor Protection (12")
7. _________ Length of Pipe Horizontal Run (Hangers if over 5', and 1/4" upslope for every linear foot)

### Chimney
- **Brick**: [ ]
- **Stone**: [ ]
- **Cement Block**: [ ]
- **Metal Triple Wall**: [ ]

### For Masonry Chimneys
- **Clay Liner**
  - **Yes**: [ ]
  - **No**: [ ]
  - **Free of Cracks and Crumbling**: [ ]
- **Built from Ground Up**
  - **Yes**: [ ]
  - **No**: [ ]
  - **Separate Liners for Other Appliances**: [ ]

### For All Chimneys
- **Pipe and Chimney Cleaned Annually?**
  - **Yes**: [ ]
  - **No**: [ ]
  - **If "Yes", By Whom?**
    - **Service**: [ ]
    - **Insured**: [ ]

### Remarks