<table>
<thead>
<tr>
<th><strong>ITEM #</strong></th>
<th><strong>AMOUNT OF INSURANCE</strong></th>
<th><strong>PROPERTY TO BE COVERED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td><strong>BUILDING</strong></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td><strong>HOUSEHOLD FURNISHINGS</strong></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td><strong>BUSINESS PERSONAL PROPERTY OF</strong></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td><strong>OTHER CONTENTS (SPECIFY)</strong></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td><strong>PROPERTY TO BE COVERED</strong></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td><strong>LOSS DESIRED</strong></td>
</tr>
</tbody>
</table>

**PERILS OR COVERED CAUSES OF LOSS**

- **FIRE OR GROUP I PERILS**
- **EXTENDED COVERAGE OR GROUP II**
- **VANDALISM**
- **SPRINKLER LEAKAGE (Commercial Only)**
- **DWELLING PROPERTY 2 - BROAD FORM COVERAGE**

**Must complete ACORD 66 PA, Dwelling Property 2 - Broad Form Application Supplement.**

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**WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMETS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.
19 OTHER INSURANCE IN FORCE

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>AMOUNT</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

20 HAVE ANY UTILITIES BEEN DISCONNECTED AND/OR ACCOUNT(S) UNPAID FOR 60 DAYS OR MORE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

21 ARE ANY TAXES UNPAID OR OVERDUE FOR 1 YEAR OR MORE? IF "YES", TYPE OF TAXES | IF "YES", DATE DUE | IF "YES", AMOUNT DUE |

<p>| | | | |</p>
<table>
<thead>
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<tbody>
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</tr>
</tbody>
</table>

22 a. HAS APPLICANT, MORTGAGEE, LOSS PAYEE OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY EVER BEEN INDICTED FOR OR CONVICTED OF THE CRIME OF ARSON OR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

b. ARE THERE ANY CURRENT VIOLATIONS OF FIRE SAFETY, HEALTH, BUILDING, OR CONSTRUCTION CODES AT THIS LOCATION? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? IF "YES", COVERAGE IS NOT AVAILABLE.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

23 IS THIS PROPERTY, OR ARE YOU (ON BEHALF OF ALL INSUREDS), IN BANKRUPTCY? IF "YES", COMPLETE SUPPLEMENTAL QUESTIONNAIRE, PDWV-25/ACORD 65 PA/DE/WV.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

** IMPORTANT **

THE FAIR PLAN DOES NOT CHARGE A SERVICE OR INSPECTION FEE. A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUMS. I AGREE TO PAY ANY ADDITIONAL PREMIUMS THAT MAY BE DUE THE FAIR PLAN AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES.

I UNDERSTAND AND AGREE THAT THE BROKER/PRODUCER OF RECORD NAMED ON THIS APPLICATION IS MY REPRESENTATIVE AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN. I ALSO UNDERSTAND THAT MY REPRESENTATIVE HAS NO AUTHORITY TO BIND THE FAIR PLAN IN ANY MANNER.

THE COLLECTION, PAYMENT OR ACCEPTANCE OF MONEY BY MY REPRESENTATIVE DOES NOT CONSTITUTE PAYMENT TO THE FAIR PLAN AND DOES NOT MEAN COVERAGE IS IN FORCE. PAYMENT OF PREMIUMS MUST BE RECEIVED AT THE OFFICE OF THE PLAN.

I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION, ACCOMPANIED BY THE APPROPRIATE PROVISIONAL PREMIUM, AND ONLY AFTER A TENTATIVE DETERMINATION BY THE PLAN THAT MY PROPERTY IS ELIGIBLE FOR COVERAGE, CAN COVERAGE BE CONSIDERED IN FORCE.

THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE AND CORRECTLY REPORTED AS REPRESENTATIONS AND NOT WARRANTIES AND SHALL FORM THE BASIS FOR AND BE A PART OF ANY CONTRACT OF INSURANCE.

WITNESS

SIGNATURE OF APPLICANT (ON BEHALF OF ALL APPLICANTS)

X

I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE:

BROKER

AGENT

OF PA

TAX ID #

LICENSE #

EXPIRING

IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE BELOW CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN AND HAVE NO AUTHORITY TO ACT AS SUCH ON ITS BEHALF.

SIGNATURE OF PRODUCER OF RECORD

PRODUCER’S E-MAIL ADDRESS

X

NAME OF LICENSED AGENT OR BROKER

NAME (TYPE OR PRINT - DO NOT STAMP OR ATTACH STICKER)

TELEPHONE #

ADDRESS

NO

STREET

CITY

STATE

ZIP

REQUEST FOR IMMEDIATE COVERAGE REQUIRES FULL PAYMENT WITH THIS APPLICATION. APPLICATIONS WITH INSUFFICIENT REMITTANCE WILL BE REJECTED AND RETURNED.

PLEASE MAKE A COPY FOR YOUR RECORDS

IMPORTANT: IMMEDIATE COVERAGE MAY NOT BE PERMITTED. SEE INSTRUCTIONS.

INSERT DATE ONLY WHEN IMMEDIATE COVERAGE IS REQUESTED.

DESIRED EFFECTIVE DATE

GROSS PREMIUM SUBMITTED

THE EARLIEST EFFECTIVE DATE WILL BE THE DATE RECEIVED BY THE PLAN AT NOON (EST) OR A SUBSEQUENT DATE. EARLIER DATES NOT ACCEPTED.

FUTURE BILLS TO:

INSURED

PRODUCER

MORTGAGEE

(for office use only)
**INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA**

**BASIC PROPERTY INSURANCE APPLICATION**

***INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSURANCE***

TO COMPLETE, PRINT AND PRESS FIRMLY WITH BALL POINT PEN OR TYPEWRITE

EACH SECTION IS NUMBERED TO ASSIST YOU IN PROPERLY COMPLETING THE APPLICATION INCOMPLETE APPLICATIONS INCLUDING THOSE WITH INSUFFICIENT PREMIUM WILL NOT BE PROCESSED AND WILL BE RETURNED

SECTION 1: APPLICANT’S NAME
*Provide first name, middle initial and last name of each applicant. If an estate, provide the name of the estate and the executor or administrator of the estate.
If a corporation or other fictitious entity, provide the full name.
*(No initials can be accepted, full legal name required.)*

SECTION 2: APPLICANT’S INTEREST
a. Indicate applicant’s interest in the appropriate block.
b. Check block if part of an estate. If so, indicate date of death.

SECTION 3: LOCATION OF PROPERTY
Provide all information as requested in the spaces provided including the ZIP code. If outside the boundaries of an incorporated town, the township MUST be included in the location. Rural mailing addresses or Postal Box numbers are not acceptable. If no specific location is possible, Address Location Questionnaire (PDFP86) should be provided. Separate applications must be submitted for each fire division.

SECTION 4: APPLICANT’S MAILING ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS
If different from the location of the property to be insured, provide all information requested including ZIP code in the spaces shown. If the same as the property to be insured, write the word “Same” in each space.
Provide the applicant’s daytime telephone number. Provide the applicant’s e-mail address (if any).

SECTION 5: LIENHOLDER
Provide name, applicable loan/account number and the mailing address, including the ZIP code, of the mortgagee, loss payee, or lenders loss payee and check the applicable block. If the entity listed is other than a recognized lending institution, proof of that interest must accompany the application. If the entity listed is a lender loss payee, a copy of the applicable security agreement must be submitted. If no entity is to be shown, insert the word “none.”

SECTION 6: NAME OF PERSON INSPECTOR MAY CONTACT
Provide the name and telephone number of the person in the local area who can be contacted during normal business hours to arrange for an interior inspection of the property described under SECTION 3.

SECTION 7: DESCRIPTION OF PROPERTY
a. Provide basic construction such as frame, brick, masonry or fire resistive.
b. Provide the number of families.
c. Describe all occupancies in full.

SECTION 8: CHECK APPLICABLE BLOCKS
a. Respond to the questions.
b. For purposes of this application, seasonal occupancy is defined as that property with continuous unoccupancy of three of more consecutive months during any one year period.
c. For purposes of this application, farm property is defined as all buildings and their contents, whether occupied by the owner or by an employee or by a tenant, located on or used in connection with land devoted to any one or more of the following purposes:
   1. Cultivation of the soil,
   2. Rearing or keeping live stock,
   3. Producing fruit, grain, vegetables, poultry, hay or other produce for commercial or business purposes.
d. Respond to the question.
SECTION 9: COVERAGE AMOUNTS REQUESTED
Complete this section by inserting the amount of insurance desired onto the appropriate line. Line 3, Business Personal Property includes furniture and fixtures, machinery and improvements and betterments. If insurance on all Business Personal Property is not desired, use Line 4 and specify whether stock or furniture and fixtures or machinery and improvements or customers goods are to be covered. It is also important to identify on Lines 3 and 4, the nature of Business Personal Property involved. Do not combine Household Furnishings with Business Personal Property. Use Line 2 to insure Household Furnishings of owner occupied premises and Line 5 to apply for insurance on Landlord’s Household Furnishings in tenant occupied residences or apartments. Refer to FAIR Plan General Rules for maximum amounts as limited by occupancy, construction and protection.

SECTION 10: PERILS OR COVERED CAUSES OF LOSS DESIRED MEAN:
<table>
<thead>
<tr>
<th>NAME OF BLOCK</th>
<th>PERILS UNDER DWELLING POLICY</th>
<th>CAUSES OF LOSS COMMERCIAL POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRE OR GROUP I PERILS</td>
<td>Fire, Lightning, Internal Explosion</td>
<td>Fire, Lightning, Explosion</td>
</tr>
<tr>
<td>EXTENDED COVERAGE OR GROUP II</td>
<td>Windstorm or Hail, Explosion, Riot or Civil Commotion; Damage by Aircraft or Vehicles, Smoke, and Volcanic Eruption</td>
<td>Same as Dwelling Policy plus Sinkhole Collapse</td>
</tr>
<tr>
<td>VANDALISM</td>
<td>Vandalism or Malicious Mischief</td>
<td>Same as Dwelling Policy</td>
</tr>
<tr>
<td>SPRINKLER LEAKAGE</td>
<td>Not covered</td>
<td>Leakage of Sprinklers within the Building</td>
</tr>
</tbody>
</table>

Vandalism & Sprinkler Leakage Coverages cannot be purchased without Extended Coverage or Group II.

DWELLING PROPERTY 2 - BROAD FORM COVERAGE
If applying for Dwelling Property 2 - Broad Form Coverage, check the box. You must also complete ACORD 66, Dwelling Property 2 - Broad Form Application Supplement.
Broad Form Coverage includes the Fire, Extended Coverage and Vandalism Perils under the dwelling policy plus additional named perils.

SECTION 11: RESPOND TO THE QUESTION.
If answered “YES” attach a completed Supplementary Questionnaire (PDWV-25/ACORD 65 PA/DE/WV), signed by the applicant, together with copies of pertinent contracts.

SECTION 13: PROVIDE COMPLETE INFORMATION AS REQUESTED.
“Actual Cash Value” means the cost to repair or replace the property less deductions for physical deterioration, depreciation and obsolescence.

SECTION 19: OTHER INSURANCE IN FORCE
Provide name of each company, amount of insurance and expiration date of other fire insurance on this property. If additional space is needed, attach a separate sheet. Note FAIR Plan does not write Excess Insurance but if applying for primary insurance, be sure to identify other insurance as excess.

RESPOND TO THE QUESTIONS. IMMEDIATE COVERAGE IS NOT AVAILABLE
If the answer is "YES" under any of these, attach a Supplementary Questionnaire (PDWV-25/ACORD 65 PA/DE/WV), signed by the applicant, giving a full explanation in the space provided OR in a separate letter, signed by the insured giving a full explanation.
SECTION 21:  RESPOND TO THE QUESTION. IMMEDIATE COVERAGE MAY NOT BE AVAILABLE IF THE ANSWER IS YES.

SECTION 24:  APPLICANT’S SIGNATURE IS REQUIRED AND MUST BE WITNESSED.
If the applicant is a “fictitious entity”, this section is to be completed by providing the name of the applicant above the signature line and providing the signature and title of the applicant's authorized representative on the line designated “Signature of Applicant.”
For example:

ABC Corporation

Signature of Applicant
(on behalf of all applicants) __________________________ President

If the applicant is an estate, the application must be signed by the executor or administrator.
For example:

Estate of John Jones, Deceased

Signature of Applicant
(on behalf of all applicants) __________________________ Exec.

SECTION 25: PROVIDE COMPLETE INFORMATION AS REQUESTED AND SIGN.
This area must be personally signed by a licensed insurance agent or broker, if application is being submitted through the office of an insurance producer. Type or print clearly the Tax I.D. Number.

SECTION 26: PRODUCER OF RECORD
Type or print clearly the name, address and telephone number of the producer. If there is no producer, print “NONE” across this area.

SECTION 27: REQUEST FOR IMMEDIATE COVERAGE
To be completed only when Immediate Coverage is desired and permitted. See Instructions on reverse side of last copy of application.

Upon completion of the application, remove instruction sheet and retain a copy for your records. Submit two copies (including the original) of the application together with any required documentation and remittance, if applicable to the FAIR Plan office:

190 N. Independence Mall West, Suite 301
Philadelphia, PA 19106-1554

FOR FURTHER INFORMATION OR ASSISTANCE IN COMPLETING THE ATTACHED APPLICATION, CONTACT THE FAIR PLAN OFFICE:

PHILADELPHIA, PA. 215-629-8800 -- FAX 215-409-9100
TOLL FREE 800-462-4972
We Do Not Accept FAX of Applications or Checks
PROVISIONAL RATE / PREMIUM

DWELLINGS, MOBILE HOMES
AND HOUSEHOLD CONTENTS IN USE.
Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures. Subject to minimum premiums.

ALL OTHER CLASS RATED AND SCHEDULE
RATED RISKS (COMMERCIAL BUSINESS)
Submit a provisional premium based on the applicable loss cost as promulgated by the Insurance Services Office multiplied by the factor as published in the Plan's General Rules-Manual of Procedures for Commercial Business. Subject to minimum premiums.

NOTE: All Checks and/or money orders shall be made payable to "PA FAIR PLAN". The total premium must accompany this request.

Call TOLL FREE 1- (800) 462-4972, (press 1 for customer service) for the current information.


Upon receipt of a properly completed application accompanied by the appropriate provisional premium, and upon tentative determination by the Plan that the risk is eligible for coverage in the Plan, a one year policy will be issued subject to confirmation of eligibility, insurability and promulgation of final rates. Vacant property or those properties/titleholders involved in bankruptcy proceedings, as well as any other property wherein the FAIR Plan General Rules indicate that an inspection or additional underwriting information may be necessary prior to a decision on acceptance of coverage, are not eligible for immediate coverage.

Coverage will become effective at Noon (Eastern Standard Time) on the day that the premium is received in the office of the Plan, unless a subsequent date is requested by the applicant or his/her representative. An application or premium shall be considered received only upon actual delivery on a normal business day and during normal business hours of the FAIR Plan at the office of the Plan. An application or premium which arrives at the office of the Plan on Saturday, Sunday, holiday, and/or after the close of business shall not be considered received until the next normal business day thereafter.

When it is determined, after inspection, that the property is eligible and insurable, the final policy rates will be promulgated and the policy premium will be adjusted from the inception date of the policy. When it is determined, after inspection, that the property is uninsurable due to conditions, the Plan will issue a declination to the insured and his representative. The declination will specify the reason(s) for uninsurability and include a copy of the inspection report. The Plan may, at its discretion, allow a period of time for the correction of the condition(s). Failure to notify the Plan in writing within that period of time of the condition(s) being corrected may result in policy cancellation.

IMPORTANT NOTICE
Inspection(s) made under the Program and any report of the inspection(s) are for property insurance underwriting purposes only. Regardless of whether a policy is issued, the FAIR Plan and any inspection agency which may from time to time be employed or designated by the FAIR Plan to inspect, determine and report the condition of properties will not be liable for any injury or damage claimed to arise from the inspection or any subsequent report of the physical conditions of the premises, from related activities, or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in such report(s).

APPEAL PROCEDURE
An applicant or insured may appeal for reconsideration if insurance is denied or cancelled by the FAIR Plan, within (30) days after the ruling, by submitting the appeal in writing and setting forth the basis for such appeal. If such appeal is denied by the FAIR Plan, it may be further appealed to the Insurance Commissioner within (30) days.