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.
- A minimum written annual premium of $100 shall be charged for each policy. If the policy is cancelled a minimum retained premium of $100 shall be deemed fully earned when any period of coverage is provided by the issuance of this policy.
- Make checks payable to Kentucky Fair Plan.
- Application must be legible – please print or type.
- 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.

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 DWELLING FIRE APPLICATION**

**INTERNAL USE ONLY**

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

**INSURANCE AGENCY**

- **AGENCY ADDRESS**:  
- **TAX ID**:  
- **PHONE** (A/C No, Ext):  
- **FAX** (A/C No):  
- **E-MAIL**:  
- **AGENT #**:  

**POLICY NUMBER**

- **AMOUNT OF PAYMENT ENCLOSED**: $  

**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. APPLICANT IS:**  
- **OWNER**  
- **TENANT**

**3. ADDRESS OF APPLICANT**

- **Number and Street**
- **County**
- **City**  
- **State**  
- **Zip Code**

**4. LOCATION OF PROPERTY**  
Check if Location is same as address

- **Number and Street**
- **County**
- **City**  
- **State**  
- **Zip Code**

**5. MORTGAGEE**

- **Loan #**
- **Name**
- **Street Address**

- **2nd MORTGAGEE (or Additional Interest)**
- **Loan #**
- **Name**
- **Street Address**

**6. TERRITORY CODE**

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

**7. BUILDING OCCUPANCY**

- **OWNER**  
- **TENANT**  
- **UNOCCUPIED / VACANT** (Complete Item 19, Vacancy Questionnaire)  
- **SEASONAL** (Unoccupied 3 or more consecutive months during one year period)  
- **# of Families:**

**8. GROUND FLOOR SQUARE FOOTAGE**

- **NUMBER OF STORIES**
- **YEAR OF CONSTRUCTION**
- **BUILDING CONSTRUCTION**
- **FRAME**
- **MASONRY**
- **MOBILE HOME**

**9. FIRE HYDRANT**

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

**NAME OF RESPONDING FIRE DEPARTMENT**

- **WOOD OR COAL STOVE?**
- **YES**
- **NO**
- **PROPERTY OUTSIDE CITY LIMITS?**
- **YES**
- **NO**

**10. EARTHQUAKE COVERAGE**

- **YES**
- **NO**

- **Earthquake Deductible %:**  
- **Enter Deductible:**

**11. MINE SUBSIDENCE**

- **YES**
- **NO**

**12. INSURANCE COVERAGE DESIRED**

- **BUILDING**
- **CONTENTS**
- **OTHER STRUCTURES**

- **$**

- **Check the desired coverages. EC can only be written if Fire is written and VMM can only be written if EC is written.**

**13. IF BUILDING COVERAGE IS DESIRED:**

- **Date of Purchase (if one year or less):**
- **Purchase Price:** $
14. ESTIMATE OF INSURANCE VALUE (Replacement Cost Value Less Depreciation): $______________

15. PRESENT CARRIER

<table>
<thead>
<tr>
<th>WAS POLICY CANCELLED OR NON-RENEWED?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF CANCELLATION OR NON-RENEWAL</th>
</tr>
</thead>
</table>

16. GIVE REASON FOR SUBMISSION TO THE FAIR PLAN:

17. HAS APPLICANT PREVIOUSLY APPLIED OR BEEN INSURED BY THE KENTUCKY FAIR PLAN?  

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

18. LOSS HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>DESCRIBE LOSS IN DETAIL</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

19. VACANCY QUESTIONNAIRE (Must be completed for applications on vacant property)

A. HOW LONG HAS THE PROPERTY BEEN VACANT?
   a. WHAT IS THE REASON FOR THE VACANCY?
   b. IF THE PROPERTY IS TO BE REHABILITATED:
      1. WHEN WILL WORK BEGIN?
      2. BY WHOM WILL IT BE DONE?
      3. WHO IS FINANCING THE REHABILITATION?
      4. WHEN WILL WORK BE COMPLETED?
   c. WHAT ARE THE PROSPECTS FOR FUTURE OCCUPANCY?
   d. WHAT IS THE PROPERTY'S VALUE IN ITS PRESENT STATE?  $  
   e. WHAT IS THE ESTIMATED VALUE UPON COMPLETION OF THE WORK?  $  

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.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE  
(Other than Insurance Producer)  
DATE

PRODUCER'S SIGNATURE

AGENT NUMBER

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of structure:</td>
<td>Single, Duplex, Apartment, Townhouse, Condominium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Roof type:</td>
<td>Composition, Wood Shingle, Metal, Slate, Tile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Electrical service:</td>
<td>2 Wire, 3 Wire, Fuses, Circuit Breakers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Roof</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. General care and cleanliness</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other structure(s)</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Chimney(s)</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Physical condition</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Housekeeping</td>
<td>Good, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Yard cluttered</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Gutters and downspouts in poor condition or missing?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Walks, steps, porches or railings cracked, raised or in need of repair?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Any building(s) in need of paint?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Any repairs needed?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Any remodeling or additions?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Any hot tub or swimming pool?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Any adjacent property hazards or operations?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Any business conducted on premises?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Any farming or livestock?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Any brush fire hazard?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Evidence of wood burner?</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Is property accessible for fire equipment? (If &quot;NO&quot;, explain in Remarks)</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Is water supply accessible for fire equipment? (If &quot;NO&quot;, explain in Remarks)</td>
<td>Yes, No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**
KENTUCKY FAIR PLAN MOBILE HOME SURVEY

1. MAKE
2. MODEL
3. AGE
4. LENGTH
5. WIDTH

6. PURCHASE PRICE
7. MARKET VALUE
8. TYPE HEATING UNIT

9. ELECTRICAL SERVICE
   □ 2 WIRE
   □ 3 WIRE
   □ CIRCUIT BREAKER
10. NUMBER OF TIE DOWNS:

11. TIE DOWNS
    □ FACTORY INSTALLED
    □ OVER THE ROOF
    □ ON THE FRAME

12. TIE DOWNS
    □ STRAPS
    □ CABLES

13. TIE DOWNS SECURED TO
    □ TURNBUCKLE
    □ TENSION HEADS

14. TIE DOWNS ANCHORED IN
    □ CONCRETE
    □ EARTH
    □ SANDY SOIL

15. SKIRTED
    □ YES
    □ NO

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

16. ROOF
    □ GOOD
    □ OTHER

17. GENERAL CARE AND CLEANLINESS
    □ GOOD
    □ OTHER

18. OTHER STRUCTURE(S)
    □ GOOD
    □ OTHER

19. CHIMNEY(S)
    □ GOOD
    □ OTHER

20. PHYSICAL CONDITION
    □ GOOD
    □ OTHER

21. HOUSEKEEPING
    □ GOOD
    □ OTHER

22. YARD CLUTTERED
    □ YES
    □ NO

23. GUTTERS AND DOWNSPOUTS IN POOR CONDITION OR MISSING?
    □ YES
    □ NO

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

25. ANY BUILDING(S) IN NEED OF PAINT?
    □ YES
    □ NO

26. ANY REPAIRS NEEDED?
    □ YES
    □ NO

27. ANY REMODELING OR ADDITIONS?
    □ YES
    □ NO

28. ANY HOT TUB OR SWIMMING POOL?
    □ YES
    □ NO

29. ANY ADJACENT PROPERTY HAZARDS OR OPERATIONS?
    □ YES
    □ NO

30. ANY BUSINESS CONDUCTED ON PREMISES?
    □ YES
    □ NO

31. ANY FARMING OR LIVESTOCK?
    □ YES
    □ NO

32. ANY BRUSH FIRE HAZARD?
    □ YES
    □ NO

33. EVIDENCE OF WOOD BURNER?
    □ YES
    □ NO

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

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

REMARKS

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### Woodstove

<table>
<thead>
<tr>
<th>Stove Type</th>
<th>Thermostatically Controlled</th>
<th>Construction</th>
<th>Use</th>
<th>Fuel Type</th>
<th>Installation</th>
<th>Inspected By</th>
<th>UL Testing Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREE STANDING</td>
<td>YES</td>
<td>SHEET METAL</td>
<td>PRIMARY</td>
<td>WOOD</td>
<td>CONTRACTOR</td>
<td>CITY INSPECTOR</td>
<td>NO</td>
</tr>
<tr>
<td>FIREPLACE INSERT</td>
<td>NO</td>
<td>CAST IRON</td>
<td>SUPPLEMENTAL</td>
<td>COAL</td>
<td>INSURED</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>FURNACE ADD-ON</td>
<td></td>
<td>OTHER</td>
<td>OTHER</td>
<td>PELLET</td>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THERMOSTATICALLY CONTROLLED**: YES | NO  
**CONSTRUCTION**: CAST IRON | SHEET METAL | OTHER | METAL TRIPLE WALL  
**USE**: PRIMARY | SUPPLEMENTAL | OTHER | |
**FUEL TYPE**: WOOD | COAL | PELLET | |
**INSTALLATION**: CONTRACTOR | INSURED | OTHER | |
**INSPECTED BY**: 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:  
**Protective Material Under Unit?**: Material:  
**Ashes Removed in a Metal Container?**: (If "NO", what is used?):  

### Pipe Assembly

| CRIMPED END DOWN TO CONTROL CREOSOTE? | YES | NO |
| SECURED WITH SHEET METAL SCREWS? | YES | NO |
| HANGERS IF HORIZONTAL RUN OVER FIVE (5) FEET? | YES | NO |
| MINIMUM 1/4 INCH RISE PER LINEAR FOOT OF HORIZONTAL RUN? | YES | NO |
| WALL PASS THROUGH THIMBLE COLLAR OR OPENING AT LEAST 12 INCHES LARGER DIAMETER THAN STOVE PIPE? | YES | NO |
| NO MORE THAN TWO (2) BENDS? | YES | NO |
| DOES NOT PASS THROUGH CONCEALED SPACES (e.g., closets, attics, etc.)? | YES | NO |

### Measurements

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

<table>
<thead>
<tr>
<th>Chimney</th>
<th>Brick</th>
<th>Stone</th>
<th>Cement Block</th>
<th>Metal Triple Wall</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Masonry Chimneys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clay Liner</td>
<td>YES</td>
<td>NO</td>
<td>FREE OF CRACKS AND CRUMBLED</td>
<td>YES</td>
</tr>
<tr>
<td>Built from Ground Up</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Remarks

**Pipe and Chimney Cleaned Annually?**: YES | NO  
**If "Yes", by Whom?**: |  
**REMARKS**: |