KENTUCKY FAIR PLAN
APPLICATION FOR FARM FIRE

PRODUCER INSTRUCTIONS
INCOMPLETE APPLICATIONS WILL BE DELAYED
AND/OR RETURNED BY THE FAIR PLAN

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 ANNUAL PREMIUM IS $100 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 FARM FIRE 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

Agent #: F. Dept:
Pay Plan: C. Chgs:
Tax: Misc:
M. Sub:

INSURANCE AGENCY

AGENCY ADDRESS

TAX ID:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
AGENT #: "www.kyfairplan.org
Fax 502 - 425 - 8237 502 - 425 - 9998 / 1 - 888 - 222 - 7702
Louisville, KY 40223 10605 Shelbyville Road, Suite 102"

INTERNAL USE ONLY

AGENT #: 

E-MAIL ADDRESS:

PHONE (A/C, No, Ext):

FAX (A/C, No, Ext):

TAX ID:

AGENCY ADDRESS:

POLICY NUMBER

Photos front and back as well as deposit premium must accompany the application.

Application must be filled out completely and signed by both the insured and the producer.

A. PAYMENT PLAN

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

(Service Charge of $4.00 applies to each installment)

AMOUNT OF PAYMENT ENCLOSED

$ 

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

Number and Street

County

City State Zip Code

Check if Location is same as address

5. MORTGAGEE

Loan #

Name

Street Address

City State Zip Code

2nd MORTGAGEE (or Additional Interest)

Loan #

Name

Street Address

City State Zip Code

6. TERRITORY CODE

PROTECTION CLASS

DEDUCTIBLE

☐ 250 ☐ Other ___________

7. BUILDING OCCUPANCY

☐ OWNER ☐ UNOCCUPIED / VACANT (Complete Item 17, Vacancy Questionnaire)

☐ TENANT ☐ OCCUPIED AS:

8. BUILDING CONSTRUCTION

TYPE

☐ TYPE I ☐ TYPE II ☐ TYPE III

(REFER TO COMMERCIAL / FARM FIRE MANUAL PGS. 23-24 FOR TYPES)

□ FRAME □ MOBILEHOME □ BARN

□ MASONRY □ SILO

□ TYPE I □ TYPE II

□ MINE SUBSIDENCE ☐ YES ☐ NO

9. SQUARE FOOTAGE - DWELLING ONLY

BUILDING CONTENTS

$ $ 

10. INSURANCE COVERAGE DESIRED

FOR ADDITIONAL STRUCTURES COMPLETE THE FOLLOWING:

STRUCTURE / CONSTRUCTION

AMOUNT OF COVERAGE

$ 

$ 

$ 

$ 

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11. IF BUILDING COVERAGE IS DESIRED: Date of Purchase (if one year or less): ____________ Purchase Price: $ ____________

12. ESTIMATE OF INSURANCE VALUE (Replacement Cost Value Less Depreciation): $ ____________

13. PRESENT CARRIER

<table>
<thead>
<tr>
<th>WAS POLICY CANCELLED OR NON-RENEWED?</th>
<th>YES</th>
<th>NO</th>
<th>DATE OF CANCELLATION OR NON-RENEWAL:</th>
</tr>
</thead>
</table>

REASON FOR CANCELLATION OR NON-RENEWAL:

14. GIVE REASON FOR SUBMISSION TO THE FAIR PLAN:

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

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

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

16. LOSS HISTORY

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

IF YES, EXPLAIN BELOW.

17. 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? $ ____________

18. 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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KENTUCKY FAIR PLAN - FARM FIRE DWELLING SURVEY

1. ROOF TYPE: [ ] COMPOSITION [ ] WOOD SHINGLE [ ] METAL [ ] SLATE [ ] OTHER: __________________________

2. CONDITION OF ROOF: [ ] EXCELLENT [ ] GOOD [ ] FAIR / POOR Year of Update: ________

3. ELECTRICAL SERVICE: [ ] 2 WIRE [ ] 3 WIRE [ ] FUSES Year of Update: ________

4. HEATING: [ ] CENTRAL HEAT [ ] PROPANE [ ] OIL [ ] SPACE HEATER [ ] WOODSTOVE * IS WOODSTOVE OR SPACE HEATER THERMOSTATICALLY CONTROLLED? [ ] YES [ ] NO Year of Update: ________ * Please complete Woodstove Questionnaire on page 6

5. FOUNDATION: [ ] ENCLOSED [ ] OPEN

6. MAINTENANCE / HOUSEKEEPING: [ ] EXCELLENT [ ] GOOD [ ] FAIR / POOR

KENTUCKY FAIR PLAN - MOBILE HOME SURVEY

<table>
<thead>
<tr>
<th>1. MAKE</th>
<th>2. MODEL</th>
<th>3. AGE</th>
<th>4. LENGTH</th>
<th>5. WIDTH</th>
</tr>
</thead>
</table>

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

9. ELECTRICAL SERVICE [ ] 2 WIRE [ ] 3 WIRE [ ] CIRCUIT BREAKER

10. NUMBER OF TIE Downs:

<table>
<thead>
<tr>
<th>11. TIE DOWNS</th>
<th>12. TIE DOWNS</th>
<th>13. TIE DOWNS SECURED TO</th>
<th>14. TIE DOWNS ANCHORED IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACTORY INSTALLED</td>
<td>STRAPS</td>
<td>OVER THE ROOF</td>
<td>CONCRETE</td>
</tr>
<tr>
<td>OVER THE ROOF</td>
<td>CABLES</td>
<td>ON THE FRAME</td>
<td>EARTH</td>
</tr>
<tr>
<td>ON THE FRAME</td>
<td></td>
<td></td>
<td>SANDY SOIL</td>
</tr>
</tbody>
</table>

15. SKIRTED [ ] YES [ ] NO

KENTUCKY FAIR PLAN - BARN SURVEY

1. CONDITION: [ ] EXCELLENT [ ] GOOD [ ] FAIR / POOR

2. FULLY ENCLOSED WITH NO OPEN SHEDS ATTACHED: [ ] YES [ ] NO

3. HAY OR STRAW STORAGE: [ ] YES [ ] NO

4. FIRING OF TOBACCO: [ ] YES [ ] NO

FIRE PROTECTION AND EXPOSURE

NAME OF RESPONDING FIRE DEPARTMENT

DISTANCE TO FIRE DEPT

<table>
<thead>
<tr>
<th>MILES</th>
<th>FEET</th>
</tr>
</thead>
</table>

PROPERTY OUTSIDE CITY LIMITS? [ ] YES [ ] NO

PROPERTY INACCESSIBLE FOR FIRE EQUIPMENT? [ ] YES [ ] NO

REMARKS
**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 FIREPLACE INSERT FURNACE ADD-ON</td>
<td>YES NO</td>
<td>SHEET METAL CAST IRON OTHER</td>
<td>PRIMARY SUPPLEMENTAL FURNACE ADD-ON</td>
<td>WOOD COAL PELLET OTHER</td>
<td>CONTRACTOR INSURED OTHER</td>
<td>FIRE DEPARTMENT CITY INSPECTOR NONE</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMOKE ALARM IN ROOM?</th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRE EXTINGUISHER IN ROOM?</td>
<td></td>
</tr>
<tr>
<td>HEAT SENSOR IN ROOM?</td>
<td></td>
</tr>
<tr>
<td>FIRE ALARM SYSTEM IN HOUSE?</td>
<td></td>
</tr>
</tbody>
</table>

**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?): ________________

**PIPE ASSEMBLY**

- CRIMPED END DOWN TO CONTROL CREOSOTE?
- 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 YES NO
- BUILT FROM GROUND UP YES NO SEPARATE LINERS FOR OTHER APPLIANCES YES NO

**FOR ALL CHIMNEYS**

- PIPE AND CHIMNEY CLEANED ANNUALLY? YES NO IF "YES", BY WHOM? SERVICE INSURED

**REMARKS**