KENTUCKY FAIR PLAN
APPLICATION FOR COMMERCIAL PROPERTY

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.
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.

<table>
<thead>
<tr>
<th>5-PAY</th>
<th>QUARTERLY</th>
<th>SEMI-ANNUAL</th>
<th>ANNUAL</th>
<th>MORTGAGEE BILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Service Charge of $4.00 applies to each installment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.**

**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

**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**

**7. DEDUCTIBLE**

- [ ] 250
- [ ] Other

**8. BUILDING OCCUPANCY**

- [ ] OWNER
- [ ] UNOCCUPIED / VACANT (Complete Item 17, Vacancy Questionnaire)
- [ ] TENANT

**9. TOTAL SQUARE FOOTAGE**

**10. COVERED CAUSES OF LOSS: FIRE, LIGHTNING, EXPLOSION**

- WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION
- VANDALISM
- SPRINKLER LEAKAGE

**INSURANCE COVERAGE DESIRED**

<table>
<thead>
<tr>
<th>BUILDING</th>
<th>CONTENTS</th>
<th>CO-INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

**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>
<th>POLICY NUMBER</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
1. BUSINESS STRUCTURE:  
- CORPORATION  
- INDIVIDUAL  
- PARTNERSHIP  
- FRANCHISED  
- NON-FRANCHISED

2. TYPE OF BUSINESS

3. SQUARE FOOTAGE OCCUPIED BY INSURED  
- MULTIPLE OCCUPANTS (% occupied by each)  

4. CONSTRUCTION

5. NAME OF RESPONDING FIRE DEPARTMENT

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Risk Outside City Limits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Risk Isolated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Building Sprinklered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Fire Alarms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Any Cooking Operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Any Cutting / Welding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Any Spray Painting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Any Flammable(s) In Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Any Manufacturing Processes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Any Hazardous Operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Any Wood Burning Devices? (If &quot;YES&quot;, please complete Woodstove Questionnaire on page 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Firewalls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Number of Fire Extinguishers:</td>
<td></td>
<td>WHERE LOCATED:</td>
</tr>
</tbody>
</table>

7. a. Heating

<table>
<thead>
<tr>
<th>AGE</th>
<th>UPDATED</th>
<th>TYPE UNIT</th>
<th>POOR CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

b. Electrical

<table>
<thead>
<tr>
<th>AGE</th>
<th>UPDATED</th>
<th>BREAKERS / FUSES</th>
<th>PANEL AMPERAGE</th>
<th>POOR CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

c. Plumbing

<table>
<thead>
<tr>
<th>AGE</th>
<th>UPDATED</th>
<th>COPPER OR GALVANIZED</th>
<th>POOR CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

8. Housekeeping

<table>
<thead>
<tr>
<th>INTERIOR CONDITIONS POOR</th>
<th>EXTERIOR CONDITIONS POOR</th>
<th>HAZARDOUS WASTE MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

REMARKS (* Explain below)
**Kentucky Fair Plan Woodstove Questionnaire**

<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>FIRE DEPARTMENT</td>
<td>YES</td>
</tr>
<tr>
<td>FIREPLACE INSERT</td>
<td>NO</td>
<td>CAST IRON</td>
<td>SUPPLEMENTAL</td>
<td>COAL</td>
<td>INSURED</td>
<td>CITY INSPECTOR</td>
<td>NO</td>
</tr>
<tr>
<td>FURNACE ADD-ON</td>
<td></td>
<td>OTHER</td>
<td>FURNACE ADD-ON</td>
<td>PELLET</td>
<td>OTHER</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Installation:**

**Inspected by:**
- City Inspector
- Fire Department
- None

**Thermostatically Controlled:**
- Yes
- No

**Smoke Alarm in Room?**
- Yes
- No

**Fire Extinguisher in Room?**
- Yes
- No

**Heat Sensor in Room?**
- Yes
- No

**Fire Alarm System in House?**
- Yes
- No

**Protective Material on Walls?**
- Material: ____________________

**If "Yes", One Inch Air Gap Between Shield and Wall?**
- Yes
- No

**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** - 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**

**Chimney:**
- Brick
- Stone
- Cement Block
- Metal Triple Wall

**For Masonry Chimneys**

- Clay Liner: Yes
- Yes
- No
- Free of Cracks and Crumbling: Yes
- No

- Built from Ground Up: Yes
- 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**

---

ACORD 68 KY (2011/01)  Page 6 of 6