



**DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY
ESSENTIAL HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT**

DATE (MM/DD/YYYY)

<p>TO: DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY 170 W. RIDGELY ROAD, SUITE 230 LUTHERVILLE, MARYLAND 21093 TEL: 1-800-492-5670 FAX: (410) 244-7268</p>	<p>IMPORTANT NOTICE TO APPLICANT</p> <p>AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE FACILITY. ALSO INCLUDE 2 PHOTOS OF THE DWELLING (FRONT AND REAR), AND PHOTOS OF ALL OUTBUILDINGS, WITH PRIOR INSURER'S NOTICE NOT TO PROVIDE COVERAGE, IF APPLICABLE.</p> <p>IMMEDIATE BINDING WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)</p>	<p>FOR FACILITY USE ONLY</p> <p>APPLICATION # _____</p> <p>DATE RECEIVED _____</p>
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APPLICANT (PLEASE PRINT OR TYPE)	APPLICANT'S PRODUCER
NAME _____	NAME _____
MAILING ADDRESS NO. STREET _____	MAILING ADDRESS NO. STREET _____
CITY, COUNTY STATE ZIP CODE _____	CITY, COUNTY STATE ZIP CODE _____
PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)	
NO. STREET _____	
CITY, ZIP CODE (INCLUDING LISTED PROTECTED LOCALITY) _____	

FORM: HO-2 Broad Form (80% Coinsurance) HO-4 Tenants Contents Broad Form HO-6 Condo Unit Owner Form HO-8 Modified Coverage Form

COVERAGES REQUESTED

A. DWELLING	B. OTHER STRUCTURES HO-2 or HO-8	C. PERSONAL PROPERTY HO-2 or HO-8	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS TO OTHERS	DEDUCTIBLE Section 1 Coverages
\$ _____	10% of A (1 & 2 Fam.) 5% of A (3 & 4 Fam.)	50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 25% of A (4 Fam.) HO-4 or HO-8 (ONLY)	HO-2 30% of A HO-4 30% of C HO-6 50% of C HO-8 10% of A	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 200,000 <input type="checkbox"/> \$ 300,000	\$ 1000	<input type="checkbox"/> \$ 250 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ _____ OTHER
						WINDSTORM DEDUCTIBLE
						<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%

RATING/INFORMATION ONLY

	FRAME	PLASTIC SIDING	ASBESTOS SIDING	FIRE RES.	OTHER (DESCRIBE)	OCCUPIED BY	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	DWELLING OCC. BY	1 FAM <input type="checkbox"/> 4 FAM	2 FAM	3 FAM	PREM GRP NO.	NO. FLOORS	NO. ROOMS	NO. BATHS	BSMT	<input type="checkbox"/> YES <input type="checkbox"/> NO
\$	REPLACEMENT COST		MARKET VALUE		PURCHASE DATE		PURCHASE PRICE		APPROXIMATE DWELLING AGE (YEARS)								

BUILDING MORTGAGEE(S)	CONTENTS LOSS PAYEE(S) (IF APPLICABLE)
NAME _____	NAME _____
MAILING ADDRESS NO. STREET _____	MAILING ADDRESS NO. STREET _____
CITY, COUNTY STATE ZIP CODE _____	CITY, COUNTY STATE ZIP CODE _____

INSTALLMENT	<p>IT IS A FRAUDULENT INSURANCE ACT FOR A PERSON TO KNOWINGLY OR WILLFULLY MAKE ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION IN OR WITH REFERENCE TO ANY APPLICATION FOR INSURANCE; OR PRESENT AN INSURER, OR CAUSE TO BE PRESENTED TO AN INSURER, DOCUMENTATION OR A WRITTEN OR ORAL STATEMENT THAT IS MADE IN SUPPORT OF A CLAIM AND THAT IS MADE WITH KNOWLEDGE THAT THE DOCUMENTATION OR STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A MATTER MATERIAL TO THE CLAIM. THE COMMISSION OF A FRAUDULENT INSURANCE ACT IS A CRIME AND MAY SUBJECT A PERSON CONVICTED OF COMMITTING SUCH ACT TO CRIMINAL AND CIVIL PENALTIES.</p> <p>THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION WILL BE MADE OF THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE DISTRICT OF COLUMBIA INSURANCE COMMISSIONER, INSURANCE SERVICES OFFICE AND TO APPLICANT(S) AND THEIR PRODUCERS.</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION \$ _____	
DESIRED EFFECTIVE DATE OF COVERAGE *	

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE FACILITY. APPLICANT'S PRODUCER CANNOT BIND COVERAGE !

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. APPLICANT(S) UNDERSTAND AND ACKNOWLEDGE THAT THE PROPERTY WILL BE INSPECTED AND FAILURE TO MEET WITH AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND TERMINATION OF COVERAGE.

SIGNATURE AND TELEPHONE NUMBER OF APPLICANT _____	DATE _____	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR _____
SIGNATURE OF APPLICANT'S PRODUCER _____		APPLICANT'S PRODUCER TELEPHONE NUMBER _____

ATTACH A COPY OF YOUR PRESENT DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED.

IS AGENCY INCORPORATED?	TIN# OR SOCIAL SECURITY # (IF NO TIN)
<input type="checkbox"/> YES <input type="checkbox"/> NO	