



**MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM
ESSENTIAL PROPERTY INSURANCE INSPECTION AND PLACEMENT**

DATE (MM/DD/YYYY)

TO: JOINT INSURANCE ASSOCIATION
170 W. RIDGELY ROAD, SUITE 230
LUTHERVILLE, MARYLAND 21093
(410) 539-6808 OR 1-800-492-5670

IMPORTANT NOTICE TO APPLICANT

A TENTATIVE BINDER OF INSURANCE MAY BE OBTAINED THROUGH THE ASSOCIATION UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE ASSOCIATION. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION, MARKETED FOR SALE OR RENTAL.

FOR ASSOCIATION USE ONLY

APPLICATION #

APPLICANT (PLEASE PRINT OR TYPE)

PRODUCER

NAME		NAME	
NO STREET		MAILING ADDRESS NO STREET	
CITY, COUNTY STATE ZIP CODE		CITY, COUNTY STATE ZIP CODE	

If Applicant is listed as other than an individual(s) - (i.e., Corporation, Partnership, Association, Business, Church, Organization, etc.), complete and attach Form 1B - Corporate Questionnaire.

IMPORTANT: IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)	LOCATION OF PROPERTY TO BE INSURED		BUILDING OWNER IF OTHER THAN APPLICANT	
	NO STREET		NAME	
	CITY, COUNTY STATE ZIP CODE		MAILING ADDRESS NO STREET	
CITY, COUNTY STATE ZIP CODE		CITY, COUNTY STATE ZIP CODE		

WITHIN 1000 FEET OF A PUBLIC FIRE HYDRANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PROTECTED	<input type="checkbox"/> SEMI-PROTECTED	<input type="checkbox"/> RURAL PROTECTED	<input type="checkbox"/> UNPROTECTED
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ITEM #	AMOUNT OF INSURANCE	COMMERCIAL CO-INS *	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:	SEASONAL?	YES	NO
1			BUILDING - CONSTRUCTION	# OF FLOORS:	SECONDARY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			OCCUPIED AS	DIMENSIONS:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2			HOUSEHOLD CONTENTS		DEDUCTIBLES		
3			OTHER CONTENTS OF		ALL PERILS		
					WINDSTORM DEDUCTIBLE		
					<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 5%

DWELLING		COMMERCIAL		* COMMERCIAL CO-INSURANCE NOTE:		APPLICANT IS	
<input type="checkbox"/> FIRE	<input type="checkbox"/>	<input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION	<input type="checkbox"/>	CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.		<input type="checkbox"/>	OWNER OCCUPANT
<input type="checkbox"/> EXTENDED COVERAGE	<input type="checkbox"/>	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION	<input type="checkbox"/>			<input type="checkbox"/>	ABSENTEE-OWNER
<input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF (NOT AVAILABLE IF VACANT / UNOCCUPIED)	<input type="checkbox"/>	<input type="checkbox"/> VANDALISM (NOT AVAILABLE IF VACANT/UNOCCUPIED)	<input type="checkbox"/>			<input type="checkbox"/>	TENANT
						<input type="checkbox"/>	OTHER (Describe)

BUILDING MORTGAGEE(S) CONTENTS LOSS PAYEE(S) (IF APPLICABLE)

NAME:			
ADDRESS:			
IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE	PURCHASE PRICE
IF YES, IS SUCH AREA PROPERLY BOARDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		APPROXIMATE DWELLING AGE (YEARS)
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM.			
EXISTING DAMAGE TO PROPERTY?	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (If OTHER, explain)	BUILDING CONTENTS	
		ESTIMATED FULL INSURABLE VALUE OF PROP	\$
		TOTAL INSURANCE CARRIED INCLUDING JIA	\$
OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)			
LIST ALL LOSSES IN LAST THREE YEARS		AMOUNT	EXPIRATION
CAUSE	DATE	REPAIRED	AMOUNT
		YES NO	\$
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		NAME OF PREVIOUS CARRIER	PREVIOUS AMOUNT ON DWELLING

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE? IF "YES", SUBMIT COPY WITH APPLICATION. YES NO

INSTALLMENT	DESIRED EFFECTIVE DATE OF COVERAGE *	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. THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT I(WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING 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 INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE (ISO), TO INSURERS AND THEIR AGENTS.
<input type="checkbox"/> YES <input type="checkbox"/> NO		
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION		
\$		

* 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 MARYLAND INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

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