MARYLAND PROPERTY INSURANCE AVAILABILITY PROGRAM
ESSENTIAL HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT

DATE (MM/DD/YYYY)

TO: JOINT INSURANCE ASSOCIATION
170 W. RIDGELY ROAD, SUITE 230
LUTHERVILLE, MARYLAND 21093
TEL: (410) 539-6808 or 1-800-492-5670
FAX: (410) 244-7268

IMPORTANT NOTICE TO APPLICANT

A TENTATIVE BINDER OF INSURANCE MAY BE OBTAINED THROUGH THE ASSOCIATION UPON PAYMENT OF THE REQURIED PREMIUM, IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION. 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.

TENTATIVE BINDER WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)

FOR ASSOCIATION USE ONLY
APPLICATION #
DATE RECEIVED

APPLICANT (PLEASE PRINT OR TYPE)

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

APPLICANT'S PRODUCER

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

IMPORTANT:
IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)

PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)
NO. STREET
CITY, COUNTY, 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	C. PERSONAL PROPERTY HO-2 or HO-8	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS TO OTHERS	DEDUCTIBLE Section 1	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A
$ _____	50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 25% of A (4 Fam.) HO-4 or HO-6 (ONLY) $ _____	HO-2 30% of A HO-4 30% of C HO-6 50% of C HO-8 10% of A	☐ $ 100,000 ☐ $ 200,000 ☐ $ 300,000	$ 1000	☐ $ 500 ☐ $ 1,000 ☐ $ _____ OTHER	☐ 1 % ☐ 2 % ☐ 5 % ☐ 7.5 % ☐ 10 % FIXED WINDSTORM OR HAIL DEDUCTIBLE ☐ $ 1,000 ☐ $5,000 ☐ $ 10,000 ☐ $ 2,000 ☐ $ 7,500

B. OTHER STRUCTURES HO-2 or HO-8
10% of A (1 & 2 Fam.)
5% of A (3 & 4 Fam.)

RATING/INFORMATION ONLY

OCCUPIED BY ☐ **OWNER** ☐ **TENANT**

☐ FRAME	☐ PLASTIC SIDING	ZONE	PROT. CL.	CITY	DWELLING OCC. BY	PREM GRP NO.	NO. FLOORS	NO. ROOMS	NO. BATHS	BSMT	
☐ MASONRY	☐ ASBESTOS SIDING				☐ 1 FAM ☐ 4 FAM					☐ YES	
☐ MASONRY VENEER	☐ FIRE RES.	NOT MORE THAN _____ FT FROM HYDRANT			☐ 2 FAM					☐ NO	
☐ ALUMINUM SIDING	☐ OTHER (DESCRIBE)	NOT MORE THAN _____ MILES FROM FIRE DEPT			☐ 3 FAM						

REPLACEMENT COST	MARKET VALUE	PURCHASE DATE	PURCHASE PRICE	APPROXIMATE DWELLING AGE (YEARS)
$	$		$	

BUILDING MORTGAGEE(S)

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

CONTENTS LOSS PAYEE(S) (IF APPLICABLE)

INSTALLMENT
☐ YES ☐ NO

AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION
$

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 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 INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE AND TO APPLICANT'S AND THEIR PRODUCERS.

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE ASSOCIATION. 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 CURRENT MARYLAND INSURANCE CERTIFICATE OF QUALIFICATION TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED.

IS AGENCY INCORPORATED?	TIN# OR SOCIAL SECURITY # (IF NO TIN)
☐ YES ☐ NO	

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