



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

DATE (MM/DD/YYYY)

APPLICATION TO JOINT INSURANCE ASSOCIATION - PAGE 2

APPLICANT _____ **PRODUCER** _____

ARE PREMISES VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO * SEE BELOW	IF MORE THAN 25 YEARS OLD GIVE MODERNIZATION DATES FOR: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;">PLUMBING</td> <td style="width:25%; border: 1px solid black;">HEATING</td> <td style="width:25%; border: 1px solid black;">WIRING</td> <td style="width:25%; border: 1px solid black;">ROOFING</td> </tr> </table>	PLUMBING	HEATING	WIRING	ROOFING	CONDITION & MAINTENANCE OF PROPERTY <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR OWNER OCCUPIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PLUMBING	HEATING	WIRING	ROOFING			

OTHER INSURANCE FOR APPLICANT:
(TYPE, COMPANY, POLICY NUMBER, EXPIRATION DATE)

NAME OF PREVIOUS CARRIER:	PREVIOUS AMOUNT ON DWELLING:
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HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, OR ISSUED NON-RENEWAL OF COVERAGE? YES NO
IF "YES", YOU MUST ATTACH PRIOR INSURER'S NOTICE, OR NO TENTATIVE BINDER CAN BE ISSUED.

ANY LOSSES IN PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN IN "LOSS HISTORY" SECTION.
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LOSS HISTORY

DATE OF LOSS	CAUSE:	WAS LOSS REPAIRED?	AMOUNT OF LOSS:
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	\$.
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.

EXCEPTIONS:

(A) THE DESCRIBED DWELLING IS A SECONDARY OR SEASONAL RESIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
(B) BUSINESS PURSUITS ARE CONDUCTED ON THE DESCRIBED PREMISES (EXPLAIN "YES" ANSWER)	<input type="checkbox"/> YES <input type="checkbox"/> NO
(C) THE INSURED HAS FULL TIME RESIDENCE EMPLOYEE(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO

OPTIONAL COVERAGES: (SECTION I)

<input type="checkbox"/> SEWER OR DRAIN BACK-UP \$5000 Limit	<input type="checkbox"/> SINK HOLE	<input type="checkbox"/> EARTHQUAKE (HO-2, 4, 6 Only)	<input type="checkbox"/> PREMISES ALARM OR FIRE PROTECTION SYSTEM ATTACH COPY OF CURRENT ALARM CONTRACT OR VERIFICATION OF AUTOMATIC SPRINKLER SYSTEM
<input type="checkbox"/> ADD'L SEWER OR DRAIN BACK-UP \$ _____			
<input type="checkbox"/> OWNER OCCUPIED 3 OR 4 FAMILY PREMISES LIABILITY (HO-44) NUMBER OF FAMILIES _____			
<input type="checkbox"/> ADDITIONAL INSURED(S) (HO-41) (ON SAME PREMISES ONLY)		NAME: _____	
		INTEREST: _____	

OPTIONAL COVERAGES: (SECTION II)

HOME DAY CARE LIABILITY: YES NO (IF "YES", NUMBER OF CHILDREN: _____)
(IF "YES", INCLUDE A COPY OF A CURRENT CERTIFICATE FROM THE DEPARTMENT OF HEALTH & MENTAL HYGIENE).

OTHER ENDORSEMENTS - SEE ENDORSEMENT SUPPLEMENT

REMARKS

* IF PROPERTY IS VACANT OR UNOCCUPIED, COMPLETE FIRE APPLICATION, MDJIA - FORM NO. 1 AND FORM NO. 30.
ANY ITEMS LEFT BLANK WILL BE ASSUMED AT THE APPLICANT'S RISK, (TO BE ANSWERED: "NO", "NONE" OR "POOR", AS APPROPRIATE).