



**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 REQUIRED 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 <u>NOT</u> 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 _____
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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 _____

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

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			NOT MORE THAN _____ FT FROM HYDRANT		1 FAM <input type="checkbox"/> 4 FAM <input type="checkbox"/>						YES <input type="checkbox"/>	
MASONRY VENEER	FIRE RES.			NOT MORE THAN _____ MILES FROM FIRE DEPT		2 FAM <input type="checkbox"/>						NO <input type="checkbox"/>	
ALUMINUM SIDING	OTHER (DESCRIBE)					3 FAM <input type="checkbox"/>							
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 <input type="checkbox"/> YES <input type="checkbox"/> NO	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.
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION \$ _____	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.
DESIRED EFFECTIVE DATE OF COVERAGE * _____	

* 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIN# OR SOCIAL SECURITY # (IF NO TIN) _____
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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: _____

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, OR ISSUED NON-RENEWAL OF COVERAGE? YES NO
IF "YES", YOU MUST ATTACH PRIOR INSURER'S NOTICE.

ANY LOSSES IN PAST THREE YEARS? YES NO IF YES, PLEASE EXPLAIN IN "LOSS HISTORY" SECTION.

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).

MARYLAND JOINT INSURANCE ASSOCIATION

Statement of Additional Optional Coverages Not Included in the Standard Homeowner's Insurance Policy

Your standard homeowner's insurance policy does not cover all risks. You may need to obtain additional insurance to cover loss or damage to your home, property, and the contents of your home or to cover risks related to business or personal activities on your property.

This statement provides a list of the types of additional insurance coverages that are available. Contact your insurance company, insurance producer or agent to discuss these optional coverages.

In addition to the coverages that are part of the standard Homeowners, Renter's and Condominium Unit Owner's Insurance Policies, we offer the following additional coverages that you may choose to purchase:

1. Coverage for Water Damage – for losses that result from water backing up through sewers or drains. This optional coverage provides coverage up to \$5000 for damage caused by water which backs up through sewers or drains or which overflows from a sump. Your policy deductible applies. Higher limits are available for additional premium.
2. Liability Coverage for Family Day Care providers – registered family day care providers can purchase liability coverage in the amount of at least \$300,000 to protect you against claims of bodily injury, property damage, or personal injury arising out of your activities as a day care provider.
3. Increased Personal Liability -Increased limits of \$200,000 and \$300,000 are available for an additional premium.
4. Earthquake Coverage - Earthquake coverage is available for an additional premium. Special deductible provisions apply. (Not available with HO-8)
5. Sinkhole Coverage -Property coverage may be extended to include direct loss by sinkhole collapse. Sinkhole collapse means damage caused by collapse of the earth supporting property resulting from subterranean voids created by the action of water on limestone-like formations.
6. Identity Fraud Expense Coverage-This provides coverage up to \$15,000 for expenses incurred by you as the direct result of identity theft. A \$250 deductible applies.
7. Refrigerated Property Coverage-Provides up to \$500 for covered property stored in freezers or refrigerators on the residence premises for loss due to power or mechanical failure
8. Additional Insured - Residence Premises- provides limited coverage for parties having an interest in the property..
9. Permitted Incidental Business Occupancies - Residence Premises provides broadened coverage on a permitted incidental occupancy in the dwelling.

10. Building Additions And Alterations - Increased Limit Increases the amount of coverage for additions and alterations by a specified amount.
11. Personal Injury To Others- Personal Injury provides liability coverage for personal injury to others, such as false arrest, malicious prosecution, wrongful eviction and slander.
12. Premises Alarm or Fire Protection System provides for a reduced premium because of the presence of burglar alarms, fire alarms or automatic sprinklers that are approved and properly installed and maintained in the dwelling.
13. Credit Card, Electronic Fund Transfer Card Or Access Device, Forgery And Counterfeit Money Coverage - Increased Limit provides for an increase in the limit of coverage available for a covered loss involving credit cards, electronic fund transfer cards, access devices, forgery and counterfeit money.
14. Special Loss Settlement Specified Co-Insurance Percentage- provides for the selection of a modified replacement cost amount for the dwelling that is less than 80% of replacement value.
15. Coverage for Other Members Of Your Household-non family member -provides coverage for named persons who are members of your household who are not normally provided coverage under the terms of the policy.
16. Assisted Living Care Coverage- provides personal property, additional living expense and personal liability coverage to a person related to you by blood, marriage or adoption and is not a member of your household who regularly resides in an Assisted Living Care facility.
17. Ordinance Or Law Increased Amount Of Coverage- provides for an increase in the basic Ordinance Or Law Coverage amount by that provided in the policy.
18. Actual Cash Value Loss Settlement- provides for reduced settlements at actual cash value instead
19. Actual Cash Value Loss Settlement Windstorm Or Hail Losses To Roof Surfacing -provides for reduced loss settlement at actual cash value for roof surfacing for damage caused by windstorm or hail instead of replacement cost loss settlement.
20. Additional Insured - Student Living Away From The Residence Premises-- extends property and liability coverages for a full-time student, who was a resident of the named insured's household before moving out to attend school.
21. Functional Replacement Cost Loss Settlement- Settlement provides coverage on a functional replacement cost basis instead of a replacement cost basis. Functional replacement cost means the amount which it would cost to repair or replace the damaged building with less costly common construction materials and methods which are functionally equivalent to obsolete, antique or custom construction materials and methods.
22. Residence Held In Trust –recognizes that the property in the name of a Trust.
23. Unit-Owners Modified Other Insurance Condition – Maryland (Condominium owners only)

24. Loss Assessment -Increased Loss Assessment coverage is available under Form HO-6- Increases the amount of coverage for assessments for covered perils by a specific amount.

25. Neighborhood Betterment – Maryland

Flood Insurance.

Do you live on a hillside, in a valley, near a body of water or on level land? You may need flood insurance no matter where you live. Homeowners policies do not provide coverage for flood, mudslide, erosion, surface runoff or similar occurrences. Property owners in eligible areas may obtain coverage through the National Flood Insurance Program. You can obtain information about the National Flood Insurance Program by contacting your insurance agent or by going on the internet to www.FLOODSMART.GOV or by calling 1-800-427-4661.

OUR POLICY DOES NOT COVER LOSS BY FLOOD

This statement provides a list of the types of additional insurance coverages that are available. Contact your insurance company, insurance producer or agent to discuss these optional coverages.

NOTE. The MDJIA policies are issued for one year only and do not automatically renew. To continue coverage past the expiration date, you or your producer must reapply and pay the required premium prior to the expiration of the existing policy.

Receipt of this notice is acknowledged:

_____ **Date** _____
Applicant/Insured

Please return a copy with the Application.

MDJIA Copy

THIS FORM AND OTHER FORMS REQUIRING AN INSURED’S SIGNATURE MUST BE COMPLETED AND RETURNED WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE PROCESSED

MARYLAND JOINT INSURANCE ASSOCIATION

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Flood Insurance.

Do you live on a hillside, in a valley, near a body of water or on level land? You may need flood insurance no matter where you live. Homeowners policies do not provide coverage for flood, mudslide, erosion, surface runoff or similar occurrences. Property owners in eligible areas may obtain coverage through the National Flood Insurance Program. You can obtain information about the National Flood Insurance Program by contacting your insurance agent or by going on the internet to www.FLOODSMART.GOV or by calling 1-800-427-4661.

OUR POLICY DOES NOT COVER LOSS BY FLOOD

This statement provides a list of the types of additional insurance coverages that are available. Contact your insurance company, insurance producer or agent to discuss these optional coverages.

NOTE. The MDJIA policies are issued for one year only and do not automatically renew. To continue coverage past the expiration date, you or your producer must reapply and pay the required premium prior to the expiration of the existing policy.

Customer Copy

**Maryland Joint Insurance Association
HOMEOWNERS POLICIES ONLY**

Water Backup and Sump Discharge or Overflow Coverage Available

Maryland law requires us to offer you the option to purchase additional coverage under your Homeowners Policy to cover damage caused by water which backs up through sewers or drains or overflows from a sump. This coverage is subject to a maximum amount of coverage and is subject to the Section I deductible of the policy.

**Water Backup and Sump Discharge or Overflow Coverage Endorsement
JIA 23 20 03 05 is available on Homeowners Policies based on the following rates:**

\$5,000 Basic Limit \$71.

Additional Increased Limits \$2.82/\$1000 in additional coverage

*Water damage Coverage Limit cannot exceed the policy limit. The standard policy Section I deductible will apply.

_____ I wish to add Water Backup and Sump Discharge or Overflow Coverage with a basic limit of \$5,000.

_____ I wish to increase Water Backup and Sump Discharge or Overflow Coverage with a limit of \$5,000 to \$_____ .

_____ I wish to reject coverage for Water Backup and Sump Discharge or Overflow Coverage.

Policy/Tentative Binder # _____

Name (please print): _____

Address: _____

Signature: _____ Date: _____

ONLY AVAILABLE ON HO-2, HO-4, HO-6 & HO-8 POLICIES

THIS FORM AND OTHER FORMS REQUIRING AN INSURED'S SIGNATURE MUST BE COMPLETED AND RETURNED WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE PROCESSED

MARYLAND JOINT INSURANCE ASSOCIATION

Statement Regarding Flood Insurance

Please Note: This policy does NOT cover losses from flood.

Generally, the standard homeowner's insurance policy does not provide coverage for flooding, surface water that enters the home or rising water. However, coverage for these types of losses may be available through the Federal Government's National Flood Insurance Program ("NFIP") or through other sources.

You can obtain information about the National Flood Insurance Program by contacting your insurance company or your insurance agent or by going on the internet to www.FLOODSMART.GOV or by calling 1-800-427-4661. Here are some important facts you should know:

Flood insurance policies are available for any home located in a community that is a participant in the NFIP.

Some lenders, as a condition of your mortgage, will require that you purchased flood insurance. You should confirm with your mortgage lender or the NFIP, before settlement, if you are required to purchase flood insurance. Even if you are not required to purchase flood insurance, you should consider purchasing it as additional protection for your home.

You do not have to be located in a special flood hazard area or be close to a body of water to experience flooding. The risk of flood is present for most homes as floods can be caused by storms, melting snow, heavy rains, dam failures or other causes.

You must complete a separate application in order to purchase flood insurance; it is not part of your homeowner's insurance application.

Flood insurance policies have two types of coverage: structural coverage for your home and the items that are permanently attached and contents coverage for your personal property within the home. Structure and contents coverages are purchased separately and carry separate deductibles.

Generally, there is a thirty (30) day waiting period for a new flood insurance policy to become effective; although there are some exceptions to this general rule.

As flood insurance through the NFIP is created by federal law, flood claims are adjusted and paid in a different manner than your homeowners' insurance claims.