



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

DATE (MM/DD/YYYY)

<p>TO: JOINT INSURANCE ASSOCIATION 3290 N. RIDGE ROAD, SUITE 210 ELLCOTT CITY, MARYLAND 21043 TEL: (410) 539-6808 or 1-800-492-5670 FAX: (410) 244-7268</p>	<p align="center"><b>IMPORTANT NOTICE TO APPLICANT</b></p> <p>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.</p> <p>TENTATIVE BINDER WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)</p>	<p><b>FOR ASSOCIATION USE ONLY</b></p> <p>APPLICATION # _____</p> <p>DATE RECEIVED _____</p>
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<b>APPLICANT (PLEASE PRINT OR TYPE)</b>		<b>APPLICANT'S PRODUCER</b>	
NAME		NAME	
MAILING ADDRESS NO. STREET		MAILING ADDRESS NO. STREET	
CITY, COUNTY STATE ZIP CODE		CITY, COUNTY STATE ZIP CODE	
<p><b>IMPORTANT:</b></p> <p>IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)</p>	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

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

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

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

<p><b>INSTALLMENT</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION</b></p> <p>\$ _____</p> <p><b>DESIRED EFFECTIVE DATE OF COVERAGE *</b></p> <p>_____</p>	<p>ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.</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 INSURANCE COMMISSIONER OF THE STATE OF MARYLAND, INSURANCE SERVICES OFFICE AND TO APPLICANT'S AND THEIR PRODUCERS.</p>
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\* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE ASSN. 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 PROVIDE REQUIRED PHOTOGRAPHS AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND/OR TERMINATION OF COVERAGE.

<b>SIGNATURE AND TELEPHONE NUMBER OF APPLICANT</b>		<b>DATE</b>	<b>NAME AND TELEPHONE NUMBER OF PERSON FOR INSPECTION</b>	
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER TELEPHONE NUMBER:		APPLICANT'S PRODUCER E-MAIL
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)		
<input type="checkbox"/> YES <input type="checkbox"/> NO				