



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

DATE (MM/DD/YYYY)

TO: JOINT INSURANCE ASSOCIATION 3290 N. RIDGE ROAD, SUITE 210 ELLICOTT CITY, MARYLAND 21043 (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:	LOCATION OF PROPERTY TO BE INSURED	BUILDING OWNER IF OTHER THAN APPLICANT
IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)	NO STREET	NAME
	CITY, COUNTY STATE ZIP CODE	MAILING ADDRESS NO STREET
		CITY, COUNTY STATE ZIP CODE

ITEM #	AMOUNT OF INSURANCE	COMMERCIAL CO-INS *	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:	SEASONAL?	YES	NO
1			BUILDING - CONSTRUCTION OCCUPIED AS	# OF FLOORS:			
2			HOUSEHOLD CONTENTS	DEDUCTIBLE All Perils	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A (Commercial Only)		
3			OTHER CONTENTS OF	<input type="checkbox"/> \$ 250	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 5%
				<input type="checkbox"/> \$ 500	FIXED WINDSTORM OR HAIL DEDUCTIBLE (Dwelling Only)		
				<input type="checkbox"/> \$ OTHER	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> OTHER: \$

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

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
IF YES, IS SUCH AREA PROPERLY BOARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE PRICE
	APPROXIMATE DWELLING AGE (YEARS)
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM.	OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)
EXISTING DAMAGE TO PROPERTY? <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (if OTHER, explain)	AMOUNT
	EXPIRATION
LIST ALL LOSSES IN LAST THREE YEARS	NAME OF PREVIOUS CARRIER
CAUSE DATE REPAIRED AMOUNT	PREVIOUS AMOUNT ON DWELLING:
1	
2	
3	

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 *	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.
<input type="checkbox"/> YES <input type="checkbox"/> NO		
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION		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.
\$		

* 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
APPLICANT'S E-MAIL:	APPLICANT'S PRODUCER TELEPHONE NUMBER:	
SIGNATURE OF APPLICANT'S PRODUCER	APPLICANT'S PRODUCER E-MAIL	

ATTACH A COPY OF YOUR PRESENT MARYLAND INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

IS AGENCY INCORPORATED?	YES	NO	TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN):
-------------------------	-----	----	--