



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

DATE (MM/DD/YYYY)  
\_\_\_\_\_  
APPLICATION #  
\_\_\_\_\_  
DATE RECEIVED  
\_\_\_\_\_

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

**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 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)			APPLICANT'S PRODUCER		
NAME			NAME		
MAILING ADDRESS NO. STREET			MAILING ADDRESS NO. STREET		
CITY, COUNTY STATE ZIP CODE			CITY, COUNTY STATE ZIP CODE		

<b>IMPORTANT:</b> IF PROPERTY IS LOCATED IN OCEAN CITY, ALSO SUBMIT SUPPLEMENTAL APPLICATION (FORM 1A)	<b>PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)</b>	
	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					
<b>A. DWELLING</b> \$ _____  <b>B. OTHER STRUCTURES HO-2 or HO-8</b> 10% of A (1 & 2 Fam.) 5% of A (3 & 4 Fam.)	<b>C. PERSONAL PROPERTY HO-2 or HO-8</b> 50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 25% of A (4 Fam.) <b>HO-4 or HO-6 (ONLY)</b> \$ _____	<b>D. LOSS OF USE</b> HO-2 30% of A HO-4 30% of C HO-6 50% of C HO-8 10% of A	<b>E. PERSONAL LIABILITY</b> <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 200,000 <input type="checkbox"/> \$ 300,000	<b>F. MEDICAL PAYMENTS TO OTHERS</b> \$ 1000  <b>DEDUCTIBLE Section 1</b> <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ _____ OTHER	<b>FIXED WINDSTORM OR HAIL DEDUCTIBLE</b> <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ _____ OTHER

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

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

<b>INSTALLMENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	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.  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.
<b>AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION</b> \$ _____	
<b>DESIRED EFFECTIVE DATE OF COVERAGE *</b>	

\* 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 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 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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