



**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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">PLUMBING</td> <td style="width:25%;">HEATING</td> <td style="width:25%;">WIRING</td> <td style="width:25%;">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, OR NO TENTATIVE BINDER CAN BE ISSUED.

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 RESIDENCE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(B) THE DESCRIBED DWELLING IS A SEASONAL RESIDENCE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(C) BUSINESS PURSUITS ARE CONDUCTED ON THE DESCRIBED PREMISES (EXPLAIN "YES" ANSWER)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(D) 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).