

Producer information must be provided on all applications.

BASIC PROPERTY INSURANCE APPLICATION

Indiana Basic Property Insurance Underwriting Association
251 East Ohio Street, Suite 1070
Indianapolis, IN 46204-2143
(31 7) 264-2310 OR (800) 888-8627



1	Agent Code:
	Producer's Name:
	Agency:
	Address:
	Phone: Fax:
	Social Security #/tax ID#:
	E-Mail Address:

This application does not constitute a binder of insurance and producers do not have binding authority.

Application Will Be Returned If Not Fully Completed And All Questions Answered. IFP FILE NO. _____

2	THE APPLICANT DECLARES AND CERTIFIES THAT HE/SHE HAS BEEN REFUSED PROPERTY INSURANCE BY THREE UN-RELATED ADMITTED INSURANCE COMPANIES IN THE 60 DAYS PRECEDING THE DATE OF APPLICATION. IF WRITTEN DECLINATION WAS RECEIVED, ATTACH COPIES. IF NO WRITTEN DECLINATION WAS RECEIVED, PROVIDE NAME OF COMPANY, CONTACT NAME, AND TELEPHONE NUMBER OF EACH COMPANY FOR VERIFICATION.					
	COMPANY NAME		CONTACT NAME		TELEPHONE NUMBER	
	REASON FOR DENIAL					
	1. _____		2. _____		3. _____	
3	(Applicant Signature)					Date (Month Day Year)
4	APPLICANT'S NAME					
5	APPLICANT'S MAILING ADDRESS		NO.		STREET	
	CITY	STATE	COUNTY	ZIP	TELEPHONE #:	
6	LOCATION OF PROPERTY		NO.		STREET	
	CITY	STATE	COUNTY	ZIP	TWP	RESPONDING FIRE DEPT.
7	NAME INSPECTOR MAY CONTACT TO GAIN ACCESS TO THE PROPERTY:					HOME PHONE NO. CELLULAR / WORK PHONE NO.
8	HAS AN APPLICATION FOR THIS PROPERTY PREVIOUSLY BEEN SUBMITTED TO THE FAIR PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9	IF YES, FILE/POLICY # _____					
	APPLICANT IS: <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER/LANDLORD <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER (EXPLAIN) (CONTENTS ONLY)					
10	If not owner occupied, please provide the name of the tenant: _____					
	If this property is owner occupied, 1 to 4 families, you may request liability and/or theft coverage by submitting additional applications FP-26 and FP-27					
	BUILDING CONSTRUCTION: <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MOBILE HOME WITH PERMANENT FOUNDATION					
	TYPE OF OCCUPANCY: <input type="checkbox"/> DWELLING - 1 TO 4 FAMILY (HOW MANY UNITS) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
11	<input type="checkbox"/> MIXED RESIDENTIAL AND COMMERCIAL BUSINESS (DESCRIBE OCCUPANCY) _____					
	<input type="checkbox"/> MULTIPLE LOCATIONS: (SEE ATTACHED SUPPLEMENTS) <input type="checkbox"/> NON RESIDENTIAL (DESCRIBE OCCUPANCY) _____					
12	Property is: Totally occupied _____ Partially unoccupied/vacant _____% totally unoccupied _____					
13	DWELLINGS WILL BE WRITTEN AT NIL CO-INSURANCE AND COMMERCIAL BUILDINGS AT 80 % CO-INSURANCE. IN THE EVENT OF A COVERED LOSS, SETTLEMENT WILL BE BASED UPON ACTUAL CASH VALUE. COVERAGE INCLUDES FIRE, EXTENDED COVERAGE, AND VANDALISM & MALICIOUS MISCHIEF. NO REPLACEMENT COST COVERAGE IS OFFERED					
	AMOUNT OF INS. REQUESTED		Building information:			
	BUILDING		Basement _____ Crawl space _____ Cement Slab _____			
	CONTENTS		Number of stories _____ Square footage on Main Floor _____			
	Deductible option: _____ (\$250 standard)					

APPLICANT'S NAME: _____ PROPERTY ADDRESS: _____

12	LIEN HOLDER IF NO ADDITIONAL INTEREST, PLEASE WRITE "NONE"	LOAN NO.	<input type="checkbox"/>	MORTGAGEE <input type="checkbox"/> CONTRACT HOLDER
12	STREET ADDRESS			
	CITY	STATE	ZIP	
13	ARE ANY MORTGAGE PAYMENTS DELINQUENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PROVIDE MONTH, YEAR, AMOUNT AND REASON:			
14	SHOULD MORTGAGEE RECEIVE A COPY OF PREMIUM BILLINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15	OTHER INSURANCE IN FORCE (COMPANY) (COVERAGE) (AMOUNT) (EXPIRATION)			
16	HAVE THERE BEEN ANY LOSSES WITHIN THE LAST FIVE YEARS ON ANY PROPERTY THE APPLICANT HAS OR HAD A FINANCIAL INTEREST? IF YES, PLEASE LIST.			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	CAUSE	COMPANY
17	YEAR HOME WAS BUILT _____ TYPE OF HEATING SYSTEM: _____ ELECTRICAL SERVICE <input type="checkbox"/> 60 AMP <input type="checkbox"/> 100 AMP <input type="checkbox"/> 200 AMP OTHER: _____ ARE THERE ANY WOOD BURNING STOVES ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO ROOF: AGE _____ CONDITION: _____ ADDITIONAL STRUCTURES - TYPE: _____ USE: _____ IS THERE ANY FARMING OPERATION AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OCCUPIED AS A RESTAURANT, IS THERE AN AUTOMATIC EXTINGUISHING SYSTEM IN THE COOKING AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
18	IS THERE EXISTING DAMAGE TO THE BUILDING? (FIRE, EXTENDED COVERAGE, VANDALISM) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN:			
19	HAVE ANY UTILITIES BEEN DISCONNECTED AND ACCOUNT(S) UNPAID FOR 120 DAYS OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
20	ARE ANY REAL ESTATE TAXES DELINQUENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", NUMBER OF PAYMENTS: _____ FOR WHICH PERIOD(S)? _____ ARE PENALTIES ACCRUING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21	HAS APPLICANT, MORTGAGEE, LOSS PAYEE OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY EVER BEEN INDICTED FOR OR CONVICTED OF THE CRIME OF ARSON OR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" PLEASE PROVIDE DETAILS			
22	<p>IMPORTANT: A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUMS. I (WE) AGREE TO PAY ANY ADDITIONAL PREMIUMS THAT MAY BE DUE AS A RESULT OF AN INSPECTION AND/OR DETERMINATION OF PROPER RATES. IN SIGNING THIS APPLICATION, I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THIS PROPERTY AND THAT ALL THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF AND NO INFORMATION DISCLOSED TO MY AGENT HAS BEEN OMITTED. I (WE) FURTHER UNDERSTAND THAT ANY CONCEALMENT OR MISREPRESENTATION OF ANY MATERIAL FACT OR CIRCUMSTANCE HEREON SHALL VOID ANY POLICY THAT MAY BE ISSUED TO THE EXTENT PERMITTED BY LAW. I (WE) AUTHORIZE THE DISCLOSURE OF INFORMATION CONTAINED IN THIS APPLICATION AND INFORMATION RELATING TO ANY CLAIM FOR LOSS UNDER A POLICY ISSUED PURSUANT TO THIS APPLICATION SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.</p> <p>IN CONSIDERATION OF THE ASSOCIATION AGREEING TO UNDERTAKE A SURVEY AND OTHER ACTIONS RELATED TO POSSIBLE PLACEMENT OF THE DESCRIBED PROPERTY FOR PROPERTY INSURANCE PURPOSES, I (WE) UNDERSTAND AND AGREE: TO ALLOW A RATE SURVEY OF THE ABOVE DESCRIBED PROPERTY; THAT THE SUBMISSION OF THIS APPLICATION IN NO WAY REQUIRES OR BINDS THE ASSOCIATION TO PROVIDE INSURANCE ON THE ABOVE-DESCRIBED PREMISES; THAT THIS COMPLETED APPLICATION AND ALL SUPPLEMENTS THERETO BE ATTACHED TO AND BECOME PART OF THE POLICY (IES), IF ANY, ISSUED PURSUANT HERETO.</p> <p>APPLICANT (S) _____ SIGNATURE (S) <input checked="" type="checkbox"/> _____ DATE _____</p>			
23	<p>PRODUCER CERTIFICATION: I HEREBY CERTIFY THAT I AM AN INDIANA LICENSED PROPERTY AND CASUALTY INSURANCE AGENT. I FURTHER CERTIFY THAT I HAVE CONSULTED WITH THE APPLICANT NAMED ABOVE AND THAT THE ANSWERS PROVIDED ARE THOSE GIVEN TO ME BY THE APPLICANT. THE ANSWERS OF THE APPLICANT ARE TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE. IN THE EVENT OF ANY SITUATION RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION AND HAVE NO AUTHORITY TO ACT AS SUCH ON THE ASSOCIATION'S BEHALF.</p> <p>SIGNATURE OF PRODUCER OF RECORD <input checked="" type="checkbox"/> _____ DATE _____</p>			