

Please type
or print clearly.

PRODUCER		APPLICANT – NAME & ADDRESS		Effective Date / /	Expiration Date / /
				Date Completed / /	<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Reapplication
Phone Number	Fax Number	Phone Number	Fax Number	Policy Number:	
		() -	() -	Premium Submitted: \$	
Person inspector can contact in local area:		Home	-	Work	-
Applicant is: <input type="checkbox"/> Owner Occupant <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lessee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other-(Explain)					
Location of Property					
Number:	Street:	City:	Zip:		
Complete the following section if address does not contain a street name and number					
Located on <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of		<input type="checkbox"/> Street <input type="checkbox"/> Route <input type="checkbox"/> Road		<input type="checkbox"/> Feet <input type="checkbox"/> Miles	
<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West of		<input type="checkbox"/> Street <input type="checkbox"/> Route <input type="checkbox"/> Road (nearest intersecting)			
If Mobile Home, Provide Make/Model/Serial #					
Loss Payee / Mortgagee Information					
Name:					<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee
Address				City:	Zip:
Mortgagee Bill (Single Risk Policy Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number (required to mortgagee bill)			
Name:					<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee
Address				City:	Zip:
Mortgagee Bill (Single Risk Policy Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number (required to mortgagee bill)			
Coverage / Limits of Liability (Coverage D & E available for 1 & 2 family owner occupied dwellings only)					
Perils: <input type="checkbox"/> Fire <input type="checkbox"/> Extended Coverage <input type="checkbox"/> Vandalism <input type="checkbox"/> FP2(Broad Form)	Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500				
A. Dwelling	B. Other Struct.	C. Contents	D. Loss of Use	E. Addl Liv Exp	F. Theft L/M. Liability
\$	\$	\$	\$	\$	\$
Inflation Guard: <input type="checkbox"/> No <input type="checkbox"/> Yes (Required for FP-2)		Condominiums: <input type="checkbox"/> Unit Owner: \$		Loss Assessment \$	
<input type="checkbox"/> Replacement Cost Contents (Can only be written on FP2 Contract)			<input type="checkbox"/> Other Endorsement:		
Rating Information					
1. Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Veneer <input type="checkbox"/> Mobile/Mfg		2. Structure Type: <input type="checkbox"/> Dwelling <input type="checkbox"/> Apt <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo			
3. Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant % <input type="checkbox"/> Active Renovations <input type="checkbox"/> Builders Risk					
4. Usage Type: <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary		5. Number of Families:		6. Number of Stories:	
7. Territory:	8. Protection Class:	9. Nearest Responding Fire Dept.: Miles		10. Nearest Hydrant Feet	
11. Replacement Cost: \$	12. Actual Cash Value: \$		13. Purchase Price: \$		
14. Monthly Rental Income \$	15. Year Built:		16. Year Purchased		
Underwriting Information					
17. Is there any unrepaired damage to the Building? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)					
18. Have any utilities been disconnected and/or accounts unpaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)					
19. Has Applicant, Mortgagee, Loss Payee or any person with a financial interest in this property ever been convicted of the crime of arson or a crime involving a purpose to defraud an insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)					
20. Is any other insurance covering this property presently in force? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)					
21. Prior Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes		Company & Policy #:		Expiration Date: / /	
22. Are any business activities conducted at this location? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)					
23. List all losses in past five years where applicant has had a financial interest: <input type="checkbox"/> check here if there have been no losses					
Date of Loss	Amount of Loss	Description of Loss			Damages Repaired
/ /	\$				<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
/ /	\$				<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
/ /	\$				<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
24. Why is this risk being submitted to the Virginia Property Insurance Association?					

You must submit the following forms as required:

- Replacement Cost Estimator (required for FP2 coverage) Liability Supplement (Required if Liability is requested)
 Theft Supplement (required if Theft requested) VPIA #29 (Required if property is Vacant/Unoccupied)

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

25. Request for Coverage or Premium Quote

Coverage Requested Premium Quote Only Delayed Effective Date ____/____/____

COVERAGE WILL BECOME EFFECTIVE ON QUALIFIED PROPERTY AS OF THE FIRST 12:01 A.M. (STANDARD TIME) IMMEDIATELY FOLLOWING RECEIPT BY THE ASSOCIATION OF A PROPERLY COMPLETED AND ACCEPTABLE APPLICATION, UNLESS A LATER DATE IS SHOWN IN THE BLOCK ABOVE. IF AN APPLICATION THAT MEETS OUR UNDERWRITING STANDARDS IS RECEIVED VIA FACSIMILE MACHINE, COVERAGE WILL BE EFFECTIVE AS OF THE FIRST 12:01 A.M. STANDARD TIME IMMEDIATELY FOLLOWING RECEIPT OF SUCH APPLICATION. THE APPLICANT AND/OR THE PRODUCER MUST THEN SUBMIT THE FULL ESTIMATED ANNUAL PREMIUM WITHIN 10 DAYS TO AVOID POLICY CANCELLATION. THE INSURANCE AFFORDED HEREUNDER SHALL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY FORMS PRESCRIBED FOR USE IN ACCORDANCE WITH THE RULES OF THE VIRGINIA PROPERTY INSURANCE ASSOCIATION.

NOTICE OF ADVERSE UNDERWRITING DECISION

VIRGINIA LAW REQUIRES THAT YOU BE GIVEN THIS NOTICE. READ IT CAREFULLY AND KNOW YOUR RIGHTS

WHAT HAPPENED?

You are being offered insurance through the Virginia Property Insurance Association. The cost of insurance through the Association is generally higher than the cost of insurance written voluntarily by a private insurance company.

WHAT ARE YOUR RIGHTS?

You have the right to know the specific reasons why your agent is offering you this coverage, but you must ask for them. Please indicate below whether or not you wish to know the reason(s) you are being offered this coverage. Sign your name when you complete the application for this insurance.

- I request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.
- I do not request the reason(s) why I am being offered insurance through the Virginia Property Insurance Association.

IMPORTANT: THIS FORM MUST BE SIGNED BY THE APPLICANT REGARDLESS OF WHICH BLOCK IS CHECKED.

ADDITIONAL INFORMATION

You are entitled to know the specific items of information that support the reasons for placing you in the Virginia Property Insurance Association, and the identity of the sources of the information. You also have the right to see and obtain copies of any document in the file relating to the action taken. If you ask us to correct, amend, or delete any information about you in our files and we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information or if you would like to review your file, please contact your insurance agent listed on the front of this application.

You must request additional information within ninety (90) business days of this notice. If you do not receive the information you request, you may file a complaint with the BUREAU OF INSURANCE by calling toll free (800) 552-7945 or by writing to: BUREAU OF INSURANCE, POST OFFICE BOX 1157, RICHMOND VA 23209.

Applicant's Signature	Date: ____/____/____
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IMPORTANT: A POLICY IF ISSUED, IS IN CONSIDERATION OF THIS APPLICATION FOR INSURANCE AND THE PAYMENT OF PREMIUMS. I (WE) AGREE TO PAY ANY ADDITIONAL PREMIUM 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 THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. 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.

Applicant's Signature	Witness	Date: ____/____/____
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I CERTIFY THAT I AM A VIRGINIA 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 THE VIRGINIA PROPERTY INSURANCE ASSOCIATION AND HAVE NO AUTHORITY TO ACT AS SUCH ON THE ASSOCIATION'S BEHALF.

NAME:	- -	DATE: ____/____/____
SIGNATURE:		