

WASHINGTON FAIR PLAN
 2122 164TH STREET S.W., SUITE 202
 LYNNWOOD, WA 98087
 425-745-9808
 425-745-3038 (FAX)
 1-866-745-9808 (TOLL FREE)
 WaFairPlan@frontier.com (Email)

<input type="checkbox"/>	DWELLING FIRE
<input type="checkbox"/>	COMMERCIAL FIRE

APPLICATION FOR INSPECTION

WFP FILE # _____

THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE

<u>APPLICANT INFORMATION</u>		<u>LOCATION OF PROPERTY</u>	
NAME	_____	ADDRESS	_____
	_____	CITY	_____
ADDRESS	_____	STATE	_____ ZIP _____
CITY	_____	COUNTY	_____
STATE	_____ ZIP _____		
PHONE	_____		
INSPECTION CONTACT: NAME	_____	TELEPHONE	_____
(APPLICANT AND / OR THEIR REPRESENTATIVE WHO HAS ACCESS TO THE PROPERTY)			

<u>PROPERTY / COVERAGE INFORMATION</u>		CONSTRUCTION		<input type="checkbox"/>	FRAME	<input type="checkbox"/>	BLOCK
OCCUPIED BY	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT	<input type="checkbox"/>	BRICK	<input type="checkbox"/>		<input type="checkbox"/>	OTHER _____
		<input type="checkbox"/>	CONCRETE				
DWELLING FIRE				<u>ACTUAL CASH VALUE</u>	<u>ACTUAL CASH VALUE</u>		
TYPE	<input type="checkbox"/> HOME <input type="checkbox"/> APARTMENT/CONDO <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____	PERILS	<input type="checkbox"/> FIRE <input type="checkbox"/> ECE <input type="checkbox"/> V&MM	DWELLING AMOUNT _____	CONTENTS AMOUNT _____		DEDUCTIBLE _____
YEAR BUILT	_____	DATE PURCHASE	_____	PURCHASE PRICE	_____		
PRESENT VALUE OF PROPERTY	_____	NUMBER OF UNITS	_____	NUMBER OF OCCUPANTS	_____		
COMMERCIAL FIRE							
TYPE	<input type="checkbox"/> RETAIL <input type="checkbox"/> HOTEL <input type="checkbox"/> APARTMENT BLDG. <input type="checkbox"/> BOARDING/LODGING <input type="checkbox"/> OTHER _____	PERILS	<input type="checkbox"/> FIRE <input type="checkbox"/> ECE <input type="checkbox"/> V&MM	YEAR BUILT	_____		
				DATE PURCHASED	_____		
				PURCHASE PRICE	_____		
				PRESENT VALUE	_____		
	<u>ACTUAL CASH VALUE</u>						
ITEM	AMOUNT	%CO-INS		DESCRIPTION & OCCUPANCY			DEDUCTIBLE
1	_____	_____	_____	_____			_____
2	_____	_____	_____	_____			_____
3	_____	_____	_____	_____			_____

<u>MORTGAGEE INFORMATION</u>						
LOAN #	_____			LOAN #	_____	
NAME	_____			NAME	_____	
ADDRESS	_____			ADDRESS	_____	
CITY	STATE	ZIP		CITY	STATE	ZIP

INSURANCE INFORMATION

PRESENT / PRIOR CARRIER _____ POLICY # _____

HAS PRESENT CARRIER PROVIDED NOTICE OF NON-RENEWAL OR CANCELLATION YES
IF YES, REASON _____ NO

5 YEAR LOSS HISTORY

	DESCRIPTION	DATE	AMOUNT
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

HAVE REPAIRS REQUIRED AS A RESULT OF THESE LOSSES BEEN COMPLETED YES
 NO

REMARKS

Important Coverage Information

No coverage becomes effective until it has been determined that the risk is acceptable, the premium is paid in full and the policy is issued. Inspection is for the sole purpose to determine insurability and rate, and shall not constitute any representations as to the condition of the premises with respect to safety of persons or property. There shall be no liability on the part of anyone in any way connected with the processing for delay, error or any act or failure to act with respect to such processing or anything connected therewith.

Notice of Insurance Information Practices

In compliance with the Fair Credit Reporting Act (Public Law 91-508) you are hereby notified that an investigative consumer report may be made which will provide applicable information pertaining to character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such investigation will be furnished upon written request to this office.

Signature of Applicant

I hereby agree to pay all premiums due, and designate _____ to act on my behalf as producer of record for this insurance. I understand that the designated producer is not acting as agent of any insurer for the purpose of this application and has no authority to bind insurance, and payment to the producer of record does not constitute payment to the Washington Fair Plan.

I have thoroughly and accurately provided required insurance information and I attest that to the best of my knowledge the statements made on this application by me are true.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

Signature of Agent

I, _____ do hereby certify that I am a licensed Washington Agent/Broker

Agent/Broker, License No. _____ expiring _____. I have explained the provisions of the Washington Industry Placement Facility Program to the Applicant. In the event the policy is issued and then cancelled or insurance there under terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of such return premium.

Date _____ Signature of Agent _____

Name Of Agency _____

Address _____

City _____ State _____ Zip _____

Telephone _____