

WFP FILE #	999999
Date Inspection Requested	11/25/2009
Date Inspection Received	12/15/2009
Date Insured Advised	12/15/2009
Policy Effective Date	
Date Policy Issued	

The name of the person to accompany the inspector is: Any Insured
and may be reached at 206-555-5555:

WASHINGTON FAIR PLAN
2122 164th Street SW, Suite 202
Lynnwood, WA 98087
425-745-9808

<u>Producers Name and Address</u>	<u>Insured's Name and Mailing Address</u>
Any Agent Any Street Seattle, WA 98144 206-555-5555	Any Insured Any Street Seattle, WA 98144

Your request for insurance coverage indicated below, under the Washington Essential Property Insurance and Placement Program, is hereby acknowledged and an inspection has been made. If a new application a copy of the inspection is attached.

COMPLIANCE WITH RECOMMENDATIONS MAY ELIMINATE CHARGES SHOWN ON THE INSPECTION. PLEASE REQUEST RE-INSPECTION WHEN APPLICANT HAS COMPLIED WITH RECOMMENDATIONS.

WARNING--No coverage becomes effective until it has been determined that the risk is acceptable, the premium is paid in full and the policy issued. Inspection is for the sole purpose of determining insurability and rate, and shall not constitute any representation 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.

Item Number	Amount of Fire or Fire & Extended Coverage	DESCRIPTION AND LOCATION OF PROPERTY TO BE COVERED Show construction and occupancy of building(s) covered or containing the property covered. If occupied as a dwelling state number of families
1.	\$200,000.00	On Frame One Family Owner Occupied Dwelling
2.		
3.	\$100,000.00	On Contents
LOCATION: Any Street, Seattle, WA 98144		

Name and Address of Mortgagee:

Any Bank
It's Successors and/or Assigns
P.O. Box 1212
Seattle, WA 98105

Loan # 123456789

Upon receipt of the net premium, policy will be issued for Fire, ECE & V&MM

Gross premium due from insured	\$1,000.00
Minus 10% agent's commission	\$100.00
Net due Fair Plan	\$900.00

Premium payment must be your agency check, mortgagee's check, licensed premium finance company check, money order or certified check, **NOTE: INSURED'S CHECK IS NOT ACCEPTABLE.**

\$1,000.00 ALL PERILS DEDUCTIBLE APPLIES