

## DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY ESSENTIAL HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT

DATE (MM/DD/YYYY)

TO: DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY 3290 N. RIDGE ROAD, SUITE 210 ELLICOTT CITY, MARYLAND 21043 TEL: 1-800-492-5670 IMPORTANT NOTICE TO APPLICANT

AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY UPON PAYMENT OF THE REQURIED PREMIUM, IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION. ALSO INCLUDE 2 PHOTOS OF THE DWELLING (FRONT AND REAR), AND PHOTOS OF ALL OUTBUILDINGS, WITH PRIOR INSURER'S NOTICE NOT TO PROVIDE COVERAGE, IF APPLICABLE.

FOR FACILITY USE ONLY APPLICATION #

TEL: 1-800-492-5670 FAX: (410) 244-7268	21043 OUTBUILDINGS, WITH PRIOR INSURER		NOTICE NOT TO PROVIDE COVERAGE, IF APPLICABLE. ED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT ED. (EXCEPT FOR HO-4)		DATE RECEIVED
APPLICANT (PLEASE PRINT OR TYPE)			APPLICANT'S PRODU	ICER	
NAME			NAME	, , , , , , , , , , , , , , , , , , ,	
MAILING ADDRESS NO. STREET					
			MAILING ADDRESS NO. STREET		
CITY, COUNTY STATE ZIP CODE			CITY, COUNTY STATE ZIP CODE		
PREMISES LOCATION DESCRIPTION OF PRO	OPERTY TO BE INSURED (IF O	THER THAN MAIL	ING ADDRESS)		
NO. STREET					
CITY, ZIP CODE (INCLUDING LISTED PROTECTED LOCALITY)					
FORM: HO-2 Broad Form (80% Coinsurance) HO-4 Tenants Contents HO-6 Condo Unit Owner Form HO-8 Modified Coverage Form					
COVERAGES REQUESTED					
A. DWELLING C. PERSONAL PROPERTY	D. LOSS OF USE E. PERS			FIXED WINDSTORM	OR HAIL DEDUCTIBLE
HO-2 or HO-8			O OTHERS \$500		
B. OTHER 50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 35% of A (4 Fam.)	HO-4 30% of C	6.10	oo   <del>     </del>	\$ 1,000 \$ 5,0	00
STRUCTURES HO-2 or HO-8 HO-4 or HO-6 (ONLY)	HO-8 10% of A	200,000	\$ 1,000	\$ 2,000	
10% of A (1 & 2 Fam.) \$	\$ 3	00,000	\$	_	OTHER
5% of A (3 & 4 Fam.)   GENERAL INFORMATION			OTHER		
PLASTIC PLASTIC	OCCUPIED BY	,	DWELLING OCC. BY	NO. NO.	NO. BSMT
ASBESTOS		/NER		FLOORS ROOMS	BATHS
MASONRY SIDE DEC		ŀ	1 FAM4 FAM		YES
ALUMINUM OTHER.	TEN	TAAV	2 FAM		NO NO
SIDING OTTER.  REPLACEMENT COST	MARKET VALUE	PURC	3 FAM	PURCHASE PRICE AF	PPROXIMATE DWELLING AGE
\$	MARKET VALUE	l		TORONADETRIOE	(YEARS)
			1 3		
,			CONTENTS LOSS PA	YEE(S) (IE APPLICABL	F)
BUILDING MORTGAGEE(S)  NAME				YEE(S) (IF APPLICABL	E)
BUILDING MORTGAGEE(S)				YEE(S) (IF APPLICABL	E)
BUILDING MORTGAGEE(S)	EET			YEE(S) (IF APPLICABL	E)
BUILDING MORTGAGEE(S)  NAME  MAILING ADDRESS NO. STRI				YEE(S) (IF APPLICABL	E)
BUILDING MORTGAGEE(S)  NAME  MAILING ADDRESS NO. STRI	EET  TATE ZIP CODE			YEE(S) (IF APPLICABL	E)
BUILDING MORTGAGEE(S)  NAME  MAILING ADDRESS NO. STRI  CITY, COUNTY ST	TATE ZIP CODE		CONTENTS LOSS PA		
BUILDING MORTGAGEE(S)  NAME  MAILING ADDRESS NO. STRI  CITY, COUNTY ST  INSTALLMENT ANY PERSON KNOWINGLY	TATE ZIP CODE  N WHO KNOWINGLY PRE PRESENTS FALSE INFO	ESENTS A FAI	CONTENTS LOSS PA	YEE(S) (IF APPLICABL	A LOSS OR BENEFIT OR
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TIN# OR SOCIAL SECURITY # (IF NO TIN)

ATTACH A COPY OF YOUR PRESENT DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED.

IS AGENCY INCORPORATED?

YES