



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

DATE (MM/DD/YYYY)

APPLICATION TO DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY - PAGE 2

APPLICANT _____ **PRODUCER** _____

ARE PREMISES VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO * SEE BELOW	IF MORE THAN 25 YEARS OLD GIVE MODERNIZATION DATES FOR:				CONDITION & MAINTENANCE OF PROPERTY			
	PLUMBING	HEATING	WIRING	ROOFING	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR

OTHER INSURANCE FOR APPLICANT:
(TYPE, COMPANY, POLICY NUMBER, EXPIRATION DATE)

NAME OF PREVIOUS CARRIER: _____ PREVIOUS AMOUNT ON DWELLING: _____

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, OR ISSUED NON-RENEWAL OF COVERAGE? YES NO
 IF "YES", YOU MUST ATTACH PRIOR INSURER'S NOTICE, OR NO IMMEDIATE BINDER CAN BE ISSUED.

ANY LOSSES IN PAST THREE YEARS? YES NO IF YES, PLEASE EXPLAIN IN "LOSS HISTORY" SECTION.

LOSS HISTORY

DATE OF LOSS	CAUSE:	WAS LOSS REPAIRED?	AMOUNT OF LOSS:
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$.

EXCEPTIONS:

(A) THE DESCRIBED DWELLING IS A SECONDARY RESIDENCE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(B) THE DESCRIBED DWELLING IS A SEASONAL RESIDENCE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(C) BUSINESS PURSUITS ARE CONDUCTED ON THE DESCRIBED PREMISES (EXPLAIN "YES" ANSWER)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
(D) THE INSURED HAS FULL TIME RESIDENCE EMPLOYEE(S)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

OPTIONAL COVERAGES

<input type="checkbox"/> SEWER OR DRAIN BACK-UP \$5000 Limit	<input type="checkbox"/> SINK HOLE	<input type="checkbox"/> EARTHQUAKE (HO-2, 4, 6 Only)	<input type="checkbox"/> PREMISES ALARM OR FIRE PROTECTION SYSTEM ATTACH COPY OF CURRENT ALARM CONTRACT OR VERIFICATION OF AUTOMATIC SPRINKLER SYSTEM
<input type="checkbox"/> OWNER OCCUPIED 3 OR 4 FAMILY PREMISES LIABILITY (HO-44)		NUMBER OF FAMILIES _____	
<input type="checkbox"/> ADDITIONAL INSURED(S) (HO-41) (ON SAME PREMISES ONLY)		NAME: _____	
		INTEREST: _____	
OTHER ENDORSEMENTS - SEE ENDORSEMENT SUPPLEMENT			

REMARKS

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* IF PROPERTY IS VACANT OR UNOCCUPIED, COMPLETE FIRE APPLICATION.
 ANY ITEMS LEFT BLANK WILL BE ASSUMED AT THE APPLICANT'S RISK, (TO BE ANSWERED: "NO", "NONE" OR "POOR", AS APPROPRIATE).