

WASHINGTON FAIR PLAN
(A Joint Reinsurance Association)
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LYNNWOOD, WA 98087



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WFP File #: _____

Application for Inspection and Insurance Dwelling Property (DP 01)

This application is not a binder of insurance. Producers do not have binding authority with the Washington FAIR Plan.

APPLICANT INFORMATION

Name(s): _____

Address: _____
City: _____
State & ZIP: _____
E-mail: _____
Preferred Phone: _____
Alternate Phone: _____

LOCATION OF PROPERTY

Address: _____
City: _____
State & ZIP: _____
County: _____

INSPECTION CONTACT

(Applicant or their representative who has access to the property)
Name: _____
Preferred Phone: _____
Alternate Phone: _____

COVERAGE AND RATING INFORMATION

OCCUPANCY	CONSTRUCTION	UNITS (Under One Roof)	PERILS TO BE INSURED
<input type="checkbox"/> Owner	<input type="checkbox"/> Frame	<input type="checkbox"/> Single Family	<input type="checkbox"/> Fire
<input type="checkbox"/> Tenant	<input type="checkbox"/> Masonry	<input type="checkbox"/> Duplex	<input type="checkbox"/> Extended Coverage
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Triplex	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Vacant or Unoccupied	<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Four-Plex	
		<input type="checkbox"/> Condo Unit	

INSURANCE COVERAGE AMOUNTS REQUESTED*	DEDUCTIBLE REQUESTED	OTHER INFORMATION
Dwelling \$ _____	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 5,000	Year Built: _____
Other Structures** \$ _____	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 7,500	Number of Persons Regularly Residing at Property: _____
Contents \$ _____	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 10,000	Purchase Price: _____
		Current Value of Property: _____

*Actual Cash Value policy

**Only if requesting in addition to 10% that is available from Coverage A

MORTGAGE HOLDER OR CONTRACT SELLER INFORMATION

Loan Number: _____	Loan Number: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____

CURRENT/PRIOR INSURANCE INFORMATION

Current/Prior Carrier: _____ Policy Number: _____

Has current carrier provided notice of non-renewal or cancellation? _____ Date Policy Terminates: _____

If yes, reason: _____

FIVE YEAR CLAIM HISTORY

Loss Date	Description	Amount Paid	All Damages Repaired?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 of determining insurability and rate, and shall not constitute any representations as to the condition of the premises with respect to the 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 other 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.

ACTUAL CASH VALUE: This application is for an actual cash value policy. The Washington FAIR Plan does not provide replacement cost for buildings or contents.

SIGNATURE OF APPLICANT

I (We) understand and agree that the agent/broker of record named on this application is my representative and not an agent of the Washington FAIR Plan. I also understand that my representative has no authority to bind the FAIR Plan in any manner. The collection, payment or acceptance of money by my representative does not constitute payment to the FAIR Plan and does not mean coverage is in force. Payment of premiums must be received at the office of the FAIR Plan before coverage is effective.

By signing this application, I (we) certify that I (we) have an insurable interest in the property to be insured, and that all information contained herein is true and correct to the best of my (our) knowledge and belief. I (We) understand and acknowledge that any misrepresentations contained in this application could void the insurance.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

SIGNATURE OF AGENT

I certify that I am a licensed Washington property insurance agent/broker and that I have explained the provisions of the Washington FAIR Plan to the Applicant. If the policy is issued and then canceled, or insurance thereunder is 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.

Name of Agency to appear on the Policy: _____

Name of Licensed Agent/Broker: _____

Agency Address: _____

Phone Number: _____ Email address: _____

Washington Agent/Broker License Number: _____ Expires: _____

Date: _____ Signature of Agent: _____