

WASHINGTON FAIR PLAN  
(A Joint Reinsurance Association)  
2122 164th STREET SW, SUITE 202  
LYNNWOOD, WA 98087



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WFP File #: \_\_\_\_\_

## Application for Inspection and Insurance Commercial Property (CP 99)

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: \_\_\_\_\_

Phone: \_\_\_\_\_

Business UBI: \_\_\_\_\_

### LOCATION OF PROPERTY

Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

County: \_\_\_\_\_

### INSPECTION CONTACT

(Applicant or their representative who has access to the property)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### COVERAGE AND RATING INFORMATION

#### INSURANCE COVERAGE AMOUNTS REQUESTED\*

Structure \$ \_\_\_\_\_

Business Personal Property \$ \_\_\_\_\_

\*Actual Cash Value policy, Maximum \$1,500,000

#### DEDUCTIBLE REQUESTED

\$ 1,000

\$ 10,000

\$ 2,500

\$ 25,000

\$ 5,000

#### OTHER INFORMATION

Year Built: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Value of Property: \_\_\_\_\_

#### PERILS TO BE INSURED

Group I (Fire, Lightning, Explosion) (Mandatory)

Group II (Wind or Hail, Smoke, Aircraft or Vehicles,

Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action)

Vandalism

#### COINSURANCE REQUESTED

80%

90%

100%

#### CONSTRUCTION

Frame

Metal

Masonry

Other

Concrete

LIST ALL OCCUPANCIES IN BUILDING, INCLUDING ANY VACANT AREAS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 Licensed 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: \_\_\_\_\_