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

ACORD®

DATE (MM/DD/YYYY)

TO: DISTRICT OF COLUMBIA
PROPERTY INSURANCE FACILITY
170 W. RIDGELY ROAD, SUITE 230
LUTHERVILLE, MARYLAND 21093
TEL: 1-800-492-5670
FAX: (410) 244-7268

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.

IMMEDIATE BINDING WILL BE CANCELLED FLAT IF INSPECTION OF THE PROPERTY REVEALS THAT THE PROPERTY IS NOT OWNER OCCUPIED. (EXCEPT FOR HO-4)

FOR FACILITY USE ONLY

APPLICATION #

DATE RECEIVED

APPLICANT (PLEASE PRINT OR TYPE)

NAME

MAILING ADDRESS NO. STREET

CITY, COUNTY STATE ZIP CODE

APPLICANT'S PRODUCER

NAME

MAILING ADDRESS NO. STREET

CITY, COUNTY STATE ZIP CODE

PREMISES LOCATION DESCRIPTION OF PROPERTY TO BE INSURED (IF OTHER THAN MAILING ADDRESS)

NO. STREET

CITY, ZIP CODE (INCLUDING LISTED PROTECTED LOCALITY)

FORM: ☐ HO-2 Broad Form (80% Coinsurance) ☐ HO-4 Tenants Contents Broad Form ☐ HO-6 Condo Unit Owner Form ☐ HO-8 Modified Coverage Form

COVERAGES REQUESTED

A. DWELLING	C. PERSONAL PROPERTY HO-2 or HO-8	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS TO OTHERS	DEDUCTIBLE Section 1	WINDSTORM OR HAIL DEDUCTIBLE Percent of Coverage A
$ _____	50% of A (1 & 2 Fam.) 30% of A (3 Fam.) 25% of A (4 Fam.)	HO-2 30% of A HO-4 30% of C HO-6 50% of C HO-8 10% of A	☐ $ 100,000 ☐ $ 200,000 ☐ $ 300,000	$ 1000	☐ $ 500 ☐ $ 1,000 ☐ $ _____ OTHER	☐ 1 % ☐ 2 % ☐ 5 % ☐ 7.5 % ☐ 10 %
B. OTHER STRUCTURES HO-2 or HO-8 10% of A (1 & 2 Fam.) 5% of A (3 & 4 Fam.)	HO-4 or HO-6 (ONLY) $ _____					FIXED WINDSTORM OR HAIL DEDUCTIBLE ☐ $ 1,000 ☐ $5,000 ☐ $ 10,000 ☐ $ 2,000 ☐ $ 7,500

RATING/INFORMATION ONLY

☐ FRAME ☐ MASONRY ☐ MASONRY VENEER ☐ ALUMINUM SIDING	☐ PLASTIC SIDING ☐ ASBESTOS SIDING ☐ FIRE RES. ☐ OTHER (DESCRIBE)	OCCUPIED BY ☐ OWNER ☐ TENANT	DWELLING OCC. BY ☐ 1 FAM ☐ 4 FAM ☐ 2 FAM ☐ 3 FAM	PREM GRP NO.	NO. FLOORS	NO. ROOMS	NO. BATHS	BSMT ☐ YES ☐ NO		

REPLACEMENT COST	MARKET VALUE	PURCHASE DATE	PURCHASE PRICE	APPROXIMATE DWELLING AGE (YEARS)
$	$		$	

BUILDING MORTGAGEE(S)

NAME

MAILING ADDRESS NO. STREET

CITY, COUNTY STATE ZIP CODE

CONTENTS LOSS PAYEE(S) (IF APPLICABLE)

INSTALLMENT

☐ YES ☐ NO

AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION

$

DESIRED EFFECTIVE DATE OF COVERAGE *

IT IS A FRAUDULENT INSURANCE ACT FOR A PERSON TO KNOWINGLY OR WILLFULLY MAKE ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION IN OR WITH REFERENCE TO ANY APPLICATION FOR INSURANCE; OR PRESENT AN INSURER, OR CAUSE TO BE PRESENTED TO AN INSURER, DOCUMENTATION OR A WRITTEN OR ORAL STATEMENT THAT IS MADE IN SUPPORT OF A CLAIM AND THAT IS MADE WITH KNOWLEDGE THAT THE DOCUMENTATION OR STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A MATTER MATERIAL TO THE CLAIM. THE COMMISSION OF A FRAUDULENT INSURANCE ACT IS A CRIME AND MAY SUBJECT A PERSON CONVICTED OF COMMITTING SUCH ACT TO CRIMINAL AND CIVIL PENALTIES.

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION WILL BE MADE OF THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE DISTRICT OF COLUMBIA INSURANCE COMMISSIONER, INSURANCE SERVICES OFFICE AND TO APPLICANT(S) AND THEIR PRODUCERS.

* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE FACILITY. APPLICANT'S PRODUCER CANNOT BIND COVERAGE !

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT(S) UNDERSTAND AND ACKNOWLEDGE THAT THE PROPERTY WILL BE INSPECTED AND FAILURE TO MEET WITH AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND TERMINATION OF COVERAGE.

SIGNATURE AND TELEPHONE NUMBER OF APPLICANT	DATE	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR

SIGNATURE OF APPLICANT'S PRODUCER	APPLICANT'S PRODUCER TELEPHONE NUMBER

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

IS AGENCY INCORPORATED?	TIN# OR SOCIAL SECURITY # (IF NO TIN)
☐ YES ☐ NO	

DCPIF

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