

OREGON FAIR PLAN ASSOCIATION BASIC DWELLING APPLICATION

PLEASE READ AND ANSWER EVERY QUESTION
INCOMPLETE APPLICATIONS WILL BE DECLINED AND RETURNED TO AGENT.
NO COVERAGE WILL BE PROVIDED.

A. APPLICATION INFORMATION:

Insurance coverage will be bound 12:01 AM on the day following the receipt of:

- **Completed Application, signed by the Applicant.**
- **2 photos of the dwelling (one front and one rear) must accompany the completed application.**
 - **If specific coverage is desired for other structures (detached garages, sheds, etc) a photo must be provided of that other structure. If no photo is provided, other structure coverage will be declined.**
 - **NOTE: If the dwelling contains a wood burning stove, two photos of the stove must be provided.**
- **If the Applicant subscribes to a Fire Department for fire protection, a copy of the current Fire Service Contract must be provided.**
- **Full estimated annual premium, or the Deposit premium, if a payment option has been selected. Payment must be by check or money order payable to Oregon FAIR Plan Association.**

B. UNDERWRITING CRITERIA:

The following risks are **NOT ELIGIBLE** for OFPA coverage:

- Property with **manufacturing** on premises.
- Property that is **vacant OR unoccupied**.
- Property with **unrepaired damage** or **unsettled losses**.
- Property with **specific characteristics of ownership, condition, occupancy and maintenance** that are **violative of law** or **public policy** and/or may result in **increased exposure** to loss.

C. STATUTORY REQUIREMENTS:

To be eligible for coverage, the following must be **TRUE**:

- At least two (2) insurance companies authorized to do business in the state of Oregon have declined to grant the coverage requested in the application.
- The property to be insured must be fully occupied.
- There are no outstanding taxes, assessments, penalties, or charges constituting liens upon the property to be insured.
- Applicant(s) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

D. NOTIFICATION TO INSURED OF COVERAGE LIMITATIONS:

Note – **this coverage is not a homeowner policy. *It does not provide coverage for Liability, nor for certain other perils, such as but not limited to Theft, Water Damage, or Replacement Cost coverage.*** The coverage is very limited and you are advised to seek insurance in a normal market where broader coverage is available to you. **Coverage with the Oregon FAIR Plan Association should be considered only as a last resort, if you cannot qualify for insurance in a standard or normal market.** **Please be advised that there is a minimum premium earned of \$100 in the event that you terminate this policy early, for any reason. **

OREGON FAIR PLAN ASSOCIATION (OFPA)

APPLICATION FOR INSURANCE

Please Check Attached Items:

Basic Property Application (Must Be Complete)

NOTE: All new policies issued by the OFPA are required to have a **minimum deductible** as shown, based on the total values (Building & Contents) insured.

Up to \$250,000 Total Value	\$500 Deductible
\$251,000 Total Value and above	\$1,000 Deductible
by request	\$2,500 Deductible

The insured may select a larger deductible than the minimum, but not less.

Photos Enclosed (REQUIRED FOR COVERAGE)

Dwelling Structure (one front & one rear)

Detached Garages, Sheds, Etc

Woodstoves (Two Photos – front and side views)

Premium Enclosed (REQUIRED FOR COVERAGE)

Amount \$ _____

(Check or money order MUST be made payable to Oregon Fair Plan Association)

Mail to: Oregon Fair Plan Association
8705 SW Nimbus Ave Suite 360
Beaverton, OR 97008

Phone: 503-643-5448
Fax: 503-641-2143
Email: info@orfairplan.com

DWELLING 1-4 FAMILY ONLY AND MOBILE HOME APPLICATION
OREGON FAIR PLAN ASSOCIATION

8705 SW NIMBUS AVE • SUITE 360 • BEAVERTON, OREGON 97008-7157
PHONE: 503-643-5448 • FAX: 503-641-2143 • EMAIL: info@orfairplan.com

**PLEASE PRINT LEGIBLY OR TYPE – ALL FIELDS MUST BE COMPLETED
INCOMPLETE APPLICATIONS WILL BE DECLINED AND RETURNED TO AGENT. NO COVERAGE WILL APPLY.**

APPLICANT INFORMATION – SECTION 1

1. Name of Applicant: _____
(show name as it is to appear on policy)
- a. Applicant Phone Number (include area code): Home _____ Work _____
2. Name/s of officer(s) if Applicant is a corporation/estate/trust: _____
3. Mailing address of Applicant (include zip code): _____

AGENCY INFORMATION – SECTION 2

4. Name of Agency submitting this application: _____
- a. Name of Agent or Producer: _____
5. Agency Address: _____
6. Agency Phone Number: _____ 7. Agency Fax Number: _____
8. Agency Federal Tax ID or Social Security Number: _____
9. Agency Email Address: _____

EFFECTIVE DATE INFORMATION – SECTION 3

10. COVERAGE WILL BE EFFECTIVE 12:01 AM ON THE DAY FOLLOWING RECEIPT OF THE COMPLETED APPLICATION, PHOTOS, AND FULL ANNUAL PREMIUM. YOU MAY REQUEST A LATER EFFECTIVE DATE: _____

PROPERTY INFORMATION – SECTION 4

11. Property Address (include zip code): _____
12. Applicant's interest in property: Owner Tenant Other (specify): _____
13. Dwelling is occupied by: Owner Tenant Vacant/Unoccupied Other (specify): _____
14. Is property seasonal? Yes No
15. Located within the city limits of _____ 16. Fire District of _____
17. Distance of property to hydrant _____ feet, and to Fire Station _____ miles.
18. Fire Protection Class _____

If Applicant subscribes to a Fire Department for fire protection, a current copy of the Fire Service Contract must be provided with this application AND with every policy term renewal.

VALUATION INFORMATION – SECTION 5

19. Purchase Price: _____ Date of Purchase: _____

20. Exterior Wall Type (check one, or if two types combined indicate % of each):

- Wood, Stucco or Aluminum _____ %
- Artificial Stone – Common Brick 8” or Concrete Block _____ %
- Common Brick 12” or Native Stone _____ %
- Other (specify): _____
- Mobile Home

21. Year dwelling built: _____

22. If Mobile Home: Brand: _____ Model: _____ Length: _____
Width: _____ Serial Number: _____

23. Physical Condition: Excellent Good Average Fair Poor

24. Number of Stories: 1 1 ½ 2 3 Bi-Level Tri-Level

25. Substructures: Slab on Ground Cement with crawl space Basement Pillar post

26. Occupancy Single family 2 family 3 family 4 family

27. Total Area Square Feet (exclude garage) _____

28. Additional Features:

a. Finished basement (sq. ft.): _____ Fireplaces (number): _____

b. Porch (sq. ft.): _____ Deck (sq.ft.) _____

c. Number of baths: Full: _____ Half: _____ Other: _____

d. Garages (sq. ft.) _____ Attached Detached Number of Cars: _____

e. Built-ins (describe) _____

f. Other (describe) _____

PARTIES OF INTEREST – SECTION 6

29. List information for ALL Mortgagees and/or Contract of Sale Holders. List in order of precedence and specify if Contract of Sale or Mortgagee. If necessary list additional parties of interest on a separate sheet of paper.

1st) Name: _____ Contract of Sale Mortgagee

Mailing Address: _____

Loan # _____ If a mortgage, is it Escrowed? Yes No

2nd) Name: _____ Contract of Sale Mortgagee

Mailing Address: _____

Loan # _____ If a mortgage, is it Escrowed? Yes No

3rd) Name: _____ Contract of Sale Mortgagee

Mailing Address: _____

Loan # _____ If a mortgage, is it Escrowed? Yes No

INSPECTION INFORMATION – SECTION 7

AN INSPECTION OF THE PROPERTY MUST BE COMPLETED. PLEASE PROVIDE A CONTACT PERSON AND PHONE NUMBER.

30. Contact Person Name: _____
31. Day Phone Number (include area code): _____
32. Night Phone Number (include area code): _____
33. Additional Contact Information: _____

APPLICANT COVERAGE REQUESTED INFORMATION – SECTION 8

34. Coverage requested Fire, EC & VMM Fire & EC Fire only
35. Deductible amount (based on Total Value Insured, building & contents): \$500 \$1000 \$2500

COVERAGE IS WRITTEN ON AN ACTUAL CASH VALUE (ACV) BASIS ONLY AND DOES NOT INCLUDE LAND.

36. Amount of **ACV** insurance requested on dwelling (EXCLUDE VALUE OF LAND): \$ _____
- Amount of **ACV** insurance requested on contents: \$ _____
- Amount of **ACV** insurance requested on other structures: \$ _____

List other structures and their limits:

STRUCTURE	LIMIT

UNDERWRITING INFORMATION – SECTION 9

37. Insured must have been declined, cancelled or non-renewed by at least two companies in the standard market in order to be eligible for the Oregon Fair Plan. List the companies and the SPECIFIC REASONS/DETAILS for the declination/cancellation/non-renewal.

Company Name	Reasons/Details
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1st _____

2nd _____

38. Has the adverse action taken by the companies been for reasons beyond the control of the property owner? Yes No

39. Is the property vacant or unoccupied? Yes No

40. Does the property have a wood burning stove? Yes No

41. **If the answer to question 40 is YES, attach a fully completed WOOD STOVE APPLICATION & Pictures**

If the answer to 40a is YES, has the installation passed inspection by a fire department or building inspector? Yes No

NOTE: IF THE ANSWER TO QUESTION 40 IS YES, A FULLY COMPLETED WOOD STOVE QUESTIONNAIRE ALONG WITH TWO PHOTOS OF THE STOVE (FRONT & SIDE) IS REQUIRED.

UNDERWRITING INFORMATION – SECTION 9 (continued)

42. Are there any outstanding orders to vacate or demolish the dwelling? Yes No
43. Has the dwelling, or any part thereof, been declared unsafe or non-habitable by any public agency? Yes No
44. Are any property taxes delinquent? Yes No
45. Are all utilities (heat, water, electricity) connected and functional? Yes No
46. Are any mortgage payments delinquent? Yes No
47. Are at least 65% of the rental units occupied? Yes No N/A
48. Is there unrepaired damage at the location resulting from a prior loss? Yes No
49. Has any person having a financial interest in the property been indicted or convicted of fraud, arson, or any other crime of defrauding an insurance company? Yes No
50. Has present insurer furnished notice of non-renewal or cancellation? Yes No

a. If yes, designate company and reason:

51. List all insured and uninsured losses over the last 5 years on any property which the insured has or had a financial interest:

CAUSE	DATE	AMOUNT	COMPANY	LOCATION

**CERTIFICATION OF APPLICANT FOR INSURANCE – SECTION 10
MUST BE READ AND SIGNED BY THE APPLICANT**

This request is made with the understanding that an inspection may be made on this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for underwriting purposes. Regardless of whether a policy is issued, the Oregon FAIR Plan Association, the State of Oregon Insurance Department, the Commissioner of Insurance, any inspection service, or any company represented by the foregoing, any agent or employee of the foregoing, will not be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or noncompliance by the property owner or others with the recommendations, if any, contained in the said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be constituted to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the Oregon Insurance Department, Oregon FAIR Plan Association, any company represented by any of the foregoing and my (our) agent(s) or representatives.

A COPY OF THE APPLICATION MAY BE ENDORSED OR ATTACHED TO THE POLICY WHEN ISSUED. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE HEREON MAY VOID THE POLICY.

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. **I ALSO CERTIFY THAT I HAVE READ & UNDERSTAND THE COVERAGE LIMITATIONS AS EXPLAINED UNDER ITEM (D) ON PAGE 1 OF THIS APPLICATION.**

Signature of Applicant (only) _____ Date: _____

If applicant is Partnership, Company or Corporation, certification shall be signed by an official of the firm, printing name and title. If applicant is an individual, the following paragraph applies.

IMPORTANT: In compliance with Public Law 91-508 (Fair Credit Reporting Act) this is to advise you, that as a result of your application to this Association for insurance, a routine inquiry may be made concerning your character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such investigation will be furnished upon receipt of your written request to this office.

OFPA USE ONLY				
Bound effective:	_____	Premium amt. received	_____	From _____ <input type="checkbox"/> Check <input type="checkbox"/> M.O. # _____
Comments:				