

# PENNSYLVANIA RESIDENTIAL CRIME INSURANCE APPLICATION

530 Walnut Street, Suite 1650, Philadelphia, PA 19106-3698  
 (215) 629-8800, (800) 462-4972, or FAX (215) 409-9100  
 www.pafairplan.com

DATE \_\_\_\_\_

THIS APPLICATION IS NOT A BINDER

<b>1</b>	APPLICANTS NAME
<b>2</b>	PREMISES TO BE INSURED NO. _____ STREET _____ CITY _____ TOWNSHIP _____ COUNTY _____ STATE _____ ZIP _____
<b>3</b>	APPLICANT'S MAILING ADDRESS NO. _____ STREET _____ CITY _____ STATE _____ ZIP _____ APPLICANT'S TELEPHONE Work ( ) Home ( )
<b>4</b>	NAME OF PERSON INSPECTOR MAY CONTACT IN LOCAL AREA _____ TELEPHONE NUMBER Work ( ) Home ( )
<b>5</b>	TYPE OF DWELLING: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____
<b>6</b>	OCCUPANCY: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Under Renovation (Est. date of Completion: _____)
<b>7</b>	IS THERE AN ALARM IN OPERATING CONDITION ON THE PREMISES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Indicate alarm type: _____) NOTE: Premium Discount credit is permitted if the premises are protected by a residential burglary alarm system in operating condition.
<b>8</b>	Do you have insurance with the Pennsylvania FAIR Plan? <input type="checkbox"/> NO <input type="checkbox"/> YES Policy Number _____
<b>9</b>	AMOUNT OF COVERAGE: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000 AMOUNT OF PREMIUM: WITHOUT ALARM CREDIT: ▲ \$50    ▲ \$50    ▲ \$62    ▲ \$72    ▲ \$84    ▲ \$94    ▲ \$104    ▲ \$114    ▲ \$126    ▲ \$136 WITH ALARM CREDIT:    ▲ \$50    ▲ \$50    ▲ \$60    ▲ \$68    ▲ \$80    ▲ \$90    ▲ \$100    ▲ \$108    ▲ \$120    ▲ \$130 NOTE: Tenants, who are not related to the insured or a permanent member of his/her household and who pay board or rent, must purchase a policy in order to be insured. \$10,000 is the maximum amount of coverage allowable per insurable premises. A \$50 minimum premium applies.
<b>APPLICANT CERTIFICATION</b>	
<b>10</b>	<b>**IMPORTANT**</b> THE FAIR PLAN DOES NOT CHARGE A SERVICE OR INSPECTION FEE. A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF REQUIRED PREMIUMS. THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE, AND CORRECTLY REPORTED AS REPRESENTATIONS AND SHALL FORM THE BASIS FOR AND BE PART OF ANY CONTRACT OF INSURANCE. I UNDERSTAND AND AGREE THAT THE BROKER/PRODUCER OF RECORD NAMED ON THIS APPLICATION IS MY REPRESENTATIVE AND NOT AN AGENT OF THE PENNSYLVANIA 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 AN OFFICE OF THE PLAN. WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION, ACCOMPANIED BY THE APPROPRIATE PREMIUM, AND ONLY AFTER A DETERMINATION BY THE PLAN THAT MY PROPERTY IS ELIGIBLE FOR COVERAGE, CAN COVERAGE BE CONSIDERED IN FORCE. WITNESS _____ SIGNATURE OF APPLICANT (ON BEHALF OF ALL APPLICANTS) _____
<b>11</b>	<b>REQUEST FOR IMMEDIATE COVERAGE</b> IMPORTANT: IMMEDIATE COVERAGE MAY NOT BE PERMITTED. INSERT DATE ONLY WHEN IMMEDIATE COVERAGE IS REQUESTED. DESIRED EFFECTIVE DATE: _____ GROSS PREMIUM SUBMITTED \$ _____ EFFECTIVE DATE IS THE DATE RECEIVED BY THE PLAN AT NOON (EST) IN PENNSYLVANIA; OR A SUBSEQUENT DATE. EARLIER DATES ARE NOT ACCEPTED
<b>12</b>	<b>PRODUCER INFORMATION</b> TYPE OR PRINT - DO NOT STAMP OR ATTACH STICKER NAME OF LICENSED AGENT OR BROKER _____ NO. ( ) _____ TELEPHONE _____ ADDRESS NO. _____ STREET _____ CITY _____ STATE _____ ZIP _____
<b>13</b>	I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE <input type="checkbox"/> BROKER <input type="checkbox"/> AGENT OF PENNSYLVANIA TAX ID NO: _____ LICENSE NO: _____ EXPIRING _____, 20____ IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE BELOW CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN. FORM NO. CR-100-FP (ED 10/2003) SIGNATURE OF PRODUCER OF RECORD _____

WHITE - ORIGINAL

CANARY - POLICY COPY

PINK - PRODUCERS COPY

CAREFULLY FILL OUT FORM. CLEARLY PRINT ALL ENTRIES

## PROTECTIVE DEVICE REQUIREMENTS

The following protective device requirements shall apply to all residential properties:

- (1) Each exterior doorway or doorway leading to garage areas, public hallways, terraces, balconies, or other areas affording easy access to the insured premises, shall be protected by a door which, if not a sliding door, shall be equipped with a dead lock using either an interlocking vertical bolt and striker, or a minimum ½-in throw dead bolt, or a minimum ½-in throw self locking dead latch.
- (2) All sliding doors, first floor, and basement windows, and windows opening onto stairways, fire escapes, porches, terraces, balconies, or other areas affording easy access to the premises, shall be equipped with a locking device of any kind.

The insured will be placed on written notice of any deficiency at the time of an inspection, which may be conducted during adjustment of the first loss.

**NOTE: FAILURE TO COMPLY WITH FAIR PLAN REQUIREMENTS MAY RESULT IN SUSPENSION OF COVERAGE.**

**IF YOU ANSWER "YES" IN QUESTION 7 TO HAVING AN OPERATIONAL BURGLAR ALARM ON THE PREMISES, THE FOLLOWING APPLIES:**

This insurance will be automatically suspended at the insured location if the insured fails to notify the insurer immediately when the insured:

- (1) Knows of any suspension or impairment in the burglar alarm.
- (2) Fails to maintain the burglar alarm in complete working order.

## KEY INFORMATION

- (1) At the time of application, the gross premium should be submitted. Thereafter, you will automatically receive a premium due notice in advance of your premium due dates. If the payment is not received on or before the due date, policy coverage will terminate without further notice. Upon timely receipt of your payment, your policy is automatically extended. If any check submitted in payment of a premium due for this policy is dishonored by the bank on which it was drawn, any coverage issued pursuant thereto is void as of the beginning of the premium period which was to be covered by the payment.
- (2) The policy covers loss due to burglary, which means the felonious abstraction of insured property from within the premises by a person making felonious entry.
- (3) The policy covers loss due to robbery, which means the stealing of personal property from the insured listed on the application (*or a permanent member of his/her household*) by force or threat of force, such as holdup or mugging.
- (4) Damage to the interior of your house or apartment and its contents during a burglary or robbery, or attempted burglary or robbery, is covered. Damage to the exterior of your house at the point of entry is also covered if you are the owner or are legally liable to the owner for the damage.

**READ YOUR POLICY CAREFULLY. THIS INFORMATION DOES NOT REPLACE THE POLICY.**

**IF YOU SHOULD HAVE A LOSS, REMEMBER THESE TWO IMPORTANT STEPS IN FILING A CLAIM UNDER YOUR POLICY:**

- (A) FIRST, NOTIFY YOUR LOCAL LAW ENFORCEMENT AUTHORITIES IMMEDIATELY.
- (B) REPORT YOUR LOSS TO THE INSURER EITHER BY CONTACTING YOUR AGENT OR BROKER OR BY CONTACTING THE PENNSYLVANIA FAIR PLAN DIRECTLY AT:

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**PLEASE NOTE:**

- (a) Should you move to another address, you must notify us within 30 days so a policy change may be issued. After 30 days, there is no coverage unless either a new policy has been issued or the present policy has been endorsed.
- (b) If you share your house or apartment with three or more persons not related to you, each occupant must purchase a separate policy in order to be insured, with coverage limitations.
- (c) Tenants, who are not related to the insured or a permanent member of his/her household and who pay board or rent, must purchase a separate policy in order to be insured. \$10,000 is the maximum amount of coverage allowable per insurable premises.
- (d) If a business is conducted on the premises, it can be insured on a separate commercial policy. It is not covered by this policy.