

RHODE ISLAND JOINT REINSURANCE ASSOCIATION APPLICATION FOR COMMERCIAL FIRE INSURANCE INSPECTION AND PLACEMENT

RHODE ISLAND JOINT REINSURANCE ASSOCIATION
TWO CENTER PLAZA, BOSTON, MA 02108-1904
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VISIT OUR WEB SITE - www.rijra.com
THIS APPLICATION IS NOT A BINDER OF INSURANCE

UND INITIALS _____
DATE _____
 APPROVED
 REJECTED

PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.
SEE ACORD 69 RI FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

<input type="checkbox"/> CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX	POLICY # :
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1. APPLICANT(S) NAME & MAIL ADDRESS		2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT	
NAME (AS IT SHOULD APPEAR ON POLICY)		NAME OF LICENSED BROKER/AGENT	
#/STREET		#/STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY		TELEPHONE #	FAX #
CONTACT'S HOME TELEPHONE #	CONTACT'S BUSINESS TELEPHONE #	TAX IDENTIFICATION #	

IF THERE ARE MULTIPLE APPLICANTS AND THIS APPLICATION IS ACCEPTED AND A POLICY ISSUED, THE FIRST NAMED APPLICANT SHOWN IN ITEM 1 ABOVE BECOMES THE "FIRST NAMED INSURED" AND HAS IMPORTANT RIGHTS AND RESPONSIBILITIES AS DESCRIBED IN THE COMMERCIAL FIRE INSURANCE POLICY AND, AS SUCH, WILL ACT ON BEHALF OF ALL OTHERS WITH RESPECT TO REQUESTING ANY CHANGES TO OR CANCELLATION OF THE POLICY.

3. LOCATION OF PROPERTY

# STREET	CITY / STATE / ZIP
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4. DESCRIPTION OF PREMISES AND COVERED PROPERTY (Include occupancy, construction, and number of units if applicable)

5. PRESENT OR PRIOR INSURER INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	LIMIT OF INSURANCE BLDG \$ CONTENTS \$
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6. NAME & ADDRESS OF MORTGAGEE(S)/LOSS PAYEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL LOSS PAYEES AND NON-INSTITUTIONAL MORTGAGE HOLDERS)

1. <input type="checkbox"/> MORTGAGE HOLDER <input type="checkbox"/> LOSS PAYEE	2. <input type="checkbox"/> MORTGAGE HOLDER <input type="checkbox"/> LOSS PAYEE
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7. COVERAGES REQUESTED

BUILDING						YOUR BUSINESS PERSONAL PROPERTY					
* COVERED CAUSES OF LOSS	LIMIT OF INSURANCE	CO - INSURANCE	DEDUCTIBLE	PROVISIONAL RATES	PROVISIONAL PREMIUMS	LIMITS OF INSURANCE	CO - INSURANCE	DEDUCTIBLE	PROVISIONAL RATES	PROVISIONAL PREMIUMS	
Fire, Lightning, Explosion				GR. I	\$				GR. I	\$	
				GR. II	\$				GR. II	\$	
TOTAL BUILDING PREMIUM					\$	TOTAL BUSINESS PERSONAL PROPERTY PREMIUM					\$
TOTAL BUILDING PREMIUM					\$	ANNUAL TENTATIVE PREMIUM					\$

* INDICATE ADDITIONAL CAUSES OF LOSS DESIRED BY AN "X" WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION VANDALISM SPRINKLER LEAKAGE

8. BUILDING INFORMATION

BUILDING IS

<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION	Letter of Intent Required
<input type="checkbox"/> TENANT OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %		

ESTIMATED REPLACEMENT COST \$	PRESENT MARKET VALUE (EXCLUDING LAND) \$	DATE OF PURCHASE OF REAL PROPERTY	PURCHASE PRICE \$				
ACTUAL CASH VALUE \$	YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STATION MI	CSP CODE

APPLICANT(S) NAME	POLICY NUMBER
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9. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM \$ _____ <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	DOWN-PAYMENT (MINIMUM 25%) \$ _____
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10. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			G. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
B. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? (IF YES STATE TYPE(S), DATE(S), AND AMOUNT(S) IN REMARKS)			H. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
C. ANY UNREPAIRED DAMAGE?			I. HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED, CONVICTED OR INVOLVED WHERE AN UNRESOLVED INDICTMENT FOR THE CRIME OF ARSON, OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY EXISTS?		
D. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?			J. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
E. HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION(S) AT THE PROPERTY WHICH ARE CURRENTLY OUTSTANDING?			K. DO YOU HAVE ANY OTHER FIRE INSURANCE ON THIS PROPERTY?		
F. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?					

REMARKS (USE ADDITIONAL SHEET IF NEEDED)

SIGNATURE

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. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. THE ABOVE NAMED LICENSED BROKER OR AGENT IS AUTHORIZED TO ACT AS MY (OUR) BROKER OF RECORD FOR PURPOSE OF THIS APPLICATION AND ANY RESULTING INSURANCE. I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 69 RI AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

**** NOTE: FAILURE TO DISCLOSE THE EXISTENCE OF AN ARSON CONVICTION ON THIS APPLICATION IS A MISDEMEANOR PUNISHABLE BY A SENTENCE OF NOT MORE THAN ONE YEAR IMPRISONMENT.**

_____	DATE	_____	DATE
SIGNATURE(S) OF ALL APPLICANTS		SIGNATURE(S) OF ALL APPLICANTS	
_____	DATE	_____	DATE
SIGNATURE(S) OF ALL APPLICANTS		SIGNATURE(S) OF ALL APPLICANTS	

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, CERTIFICATION SHOULD BE SIGNED BY AN OFFICIAL OF THE FIRM PRINTING NAME AND TITLE BELOW.

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF RHODE ISLAND, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

_____	DATE
SIGNATURE OF LICENSED BROKER OR AGENT	