

**THIS APPLICATION FOR SINKHOLE LOSS COVERAGE ONLY**

HAS APPLICANT PREVIOUSLY APPLIED TO THIS FACILITY FOR COVERAGE OF ANY TYPE?  YES  NO

THIS POLICY MAY NOT BE ASSIGNED.

REQUESTED EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMIT AN APPLICATION FOR EACH FIRE DIVISION OR HABITATIONAL STRUCTURE  
EVERY ITEM MUST BE COMPLETED OR THE APPLICATION WILL BE DECLINED. IF NOT APPLICABLE ENTER "N/A".**

**LOCATION OF PROPERTY**

**AMOUNT OF INSURANCE**

01. Number \_\_\_\_\_ Street \_\_\_\_\_  
02. Section, Township, Range or Lot & Block Number \_\_\_\_\_  
03. City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
04. Occupancy:  Owner Occupied or  Tenant Occupied

AMOUNT AMOUNT  
23. Building \$ \_\_\_\_\_ 24. Contents \$ \_\_\_\_\_  
**Maximum amount of total building and contents is \$200,000**

**APPLICANT'S NAME AND MAILING ADDRESS**

05. Name \_\_\_\_\_  
06. Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
07. Number and Street or P O Box Number \_\_\_\_\_  
08. City, State, Zip \_\_\_\_\_

**OTHER INFORMATION**

25. Is any part of the building vacant or unoccupied? Yes  No   
If Yes, advise the percentage, reason, and how long \_\_\_\_\_  
26. No of Families? 1  2  3  4   
27. Construction Type (Circle One)  
1. Frame (not otherwise classified) 2. Veneer (Brick, Stone or Masonry)  
3. Brick, Stone or Masonry 4. Fire Resistive  
5. Aluminum or Plastic siding over frame 6. Mobile Home on Enclosed Masonry Foundation  
28. Mobile Home Serial No. \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Brand \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_  
29. Market value: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_  
30. Date of Purchase of building \_\_\_\_\_  
If property was inherited or gifted indicate here.  
31. Purchase Price \$ \_\_\_\_\_  
32. Amount of alterations or improvements completed attach copies of receipts. \$ \_\_\_\_\_  
33. Name of primary insurance carrier \_\_\_\_\_  
Policy number \_\_\_\_\_ Current policy period \_\_\_\_\_

**NAME(S) AND ADDRESSES OF MORTGAGEE(S)**

09. Should the mortgage company be billed for the premium  Yes  No  
10. Name of First Mortgagee \_\_\_\_\_  
11. Address \_\_\_\_\_  
12. City, State, Zip \_\_\_\_\_  
13. Loan Number \_\_\_\_\_  
14. Name of Second Mortgagee \_\_\_\_\_  
15. Address \_\_\_\_\_  
16. City, State, Zip \_\_\_\_\_  
17. Loan Number \_\_\_\_\_

**Recent photos of the FRONT AND REAR of the habitational structure MUST be attached to this application.**

**Deductible amount is 10% of the combined limit of liability of dwelling coverage and contents coverage.**

**Coverage shall be only for habitational structures and shall NOT cover driveways or non-habitational detached structures. Contents coverage shall apply only if there is a covered sinkhole loss on the habitational structure in which the contents are located. Sinkhole coverage does not include loss for the value of the land or for the cost associated with filling a sinkhole.**

**PRODUCER OR AGENCY INFORMATION**

18. Name \_\_\_\_\_  
19. Address \_\_\_\_\_  
20. City, State, Zip \_\_\_\_\_  
21. Account Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
22. Signature \_\_\_\_\_ Email: Address \_\_\_\_\_

**NOTICE: FAILURE TO ANSWER THE QUESTIONS TRUTHFULLY COULD RESULT IN VOIDANCE OF CONTRACT.  
I certify the above information to be true and correct to the best of my knowledge.**

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT ONLY \_\_\_\_\_

**MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY  
SINKHOLE LOSS RATE SCHEDULE  
Coverage and Premium Schedule for Habitational Property  
10% Deductible of the Coverage Limit**

Building and Contents Combined coverage Limit			Premium	Inspection fee for new business only	<b>Total with fee</b>
		\$10,000	\$256	\$25	<b>\$281</b>
\$10,001	UP TO	15,000	258	25	<b>283</b>
15,001		20,000	259	25	<b>284</b>
20,001		25,000	261	25	<b>286</b>
25,001		30,000	262	25	<b>287</b>
30,001		35,000	264	25	<b>289</b>
35,001		40,000	265	25	<b>290</b>
40,001		45,000	267	25	<b>292</b>
45,001		50,000	268	25	<b>293</b>
50,001		55,000	270	25	<b>295</b>
55,001		60,000	271	25	<b>296</b>
60,001		65,000	273	25	<b>298</b>
65,001		70,000	274	25	<b>299</b>
70,001		75,000	276	25	<b>301</b>
75,001		80,000	277	25	<b>302</b>
80,001		85,000	279	25	<b>304</b>
85,001		90,000	280	25	<b>305</b>
90,001		95,000	282	25	<b>307</b>
95,001		100,000	283	25	<b>308</b>
100,001		105,000	285	25	<b>310</b>
105,001		110,000	286	25	<b>311</b>
110,001		115,000	288	25	<b>313</b>
115,001		120,000	289	25	<b>314</b>
120,001		125,000	291	25	<b>316</b>
125,001		130,000	292	25	<b>317</b>
130,001		135,000	294	25	<b>319</b>
135,001		140,000	295	25	<b>320</b>
140,001		145,000	297	25	<b>322</b>
145,001		150,000	298	25	<b>323</b>
150,001		155,000	300	25	<b>325</b>
155,001		160,000	301	25	<b>326</b>
160,001		165,000	303	25	<b>328</b>
165,001		170,000	304	25	<b>329</b>
170,001		175,000	306	25	<b>331</b>
175,001		180,000	307	25	<b>332</b>
180,001		185,000	309	25	<b>334</b>
185,001		190,000	310	25	<b>335</b>
190,001		195,000	312	25	<b>337</b>
195,001		200,000	313	25	<b>338</b>

**The total amount is payable with the application.**

**NOTE: A one time inspection fee is charged on new business only.**

**Renewals will not be charged the inspection fee.**

February 1, 2016