

OHIO FAIR PLAN UNDERWRITING ASSOCIATION
8800 LYRA DR SUITE 150
COLUMBUS, OHIO 43240
1-800-282-1772 / 1-614-839-6446

RESIDENTIAL CRIME APPLICATION

Please Answer Every Question
Incomplete Applications will be declined in Writing

A. EFFECTIVE DATE INFORMATION

New coverage will be effective at noon on the day following the U.S. Post Office affixed postmark date, or, in the absence of such postmark, at noon on the day following the date the application and payment are received. Coverage will expire one year from the effective date.

B. STATUTORY REQUIREMENTS

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

1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in the application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. 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.

C. UNDERWRITING CRITERIA-PROTECTIVE DEVICE REQUIREMENTS

The following protective 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 inch 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.

D. IMPORTANT PROVISIONS OF THE OHIO CRIME INSURANCE RESIDENTIAL POLICY

1. The annual premium must be submitted with the application. For replacement policies, the premium payment must be received on or before the due date or policy coverage will expire with no further notice. 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. Definitions of coverage:
 - a. Burglary is the stealing of property from the home or apartment listed on your application, if it is broken into by means, which leave visible marks of forcible entry. If you lock your doors and windows, most burglars won't be able to get in without leaving some evidence of forced entry. The policy does not cover mysterious disappearance, or unobserved theft.
 - b. Robbery is 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.
 - c. Also covered is damage to the interior of your house or apartment and its contents during a burglary or robbery, or attempted burglary or robbery. Damage to the exterior of your house at the point of entry is covered if you are the owner or are legally liable to the owner for the damage.

3. Coverage limits:
 - a. The loss of jewelry, furs, fine arts, antiques, coin or stamp collections and articles of gold, silver or platinum is limited to an aggregate per occurrence of \$1500 or \$500 for any one article. The policy limit for loss of cash is \$200 and for securities is \$500.
 - b. The limit for loss or damage is measured by what it would cost to repair or replace the item with another of like kind, quality, and age or the actual cash value at the time of loss.
 - c. Each loss under the residential crime policy is subject to a minimum deductible of \$100 or 5% of the gross amount of the loss, whichever is greater.

E. CLAIM INFORMATION

If you should have a loss, remember these important steps in filing a claim under your policy:

1. Notify your local law enforcement authorities immediately.
2. Report your loss to our office or contact your agent.
3. Documentation such as receipts, bills of sale or appraisals must be provided to support the loss claimed.

F. OTHER INFORMATION

1. 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.
2. 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.
3. If a business is conducted on the premises, it can be insured on a separate commercial policy, as it is not covered by this policy.

G. BASIC INFORMATION

YOUR AGENT'S NAME: _____

YOUR AGENT'S ADDRESS: _____

AGENT'S PHONE NUMBER: _____

AGENT'S FAX NUMBER: _____

AGENT'S E-MAIL ADDRESS: _____

APPLICANT'S NAME: _____

APPLICANT'S MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

H. COVERAGE REQUESTED AND PREMIUM INFORMATION

1. OCCUPANCY:

OWNER-OCCUPIED TENANT OCCUPIED VACANT* SEASONAL UNDER REHABILITATION*

***Note: No crime coverage is available for vacant or rehabilitation properties.**

2. NUMBER OF FAMILIES: 1 2 3 4 OTHER _____

3. AMOUNT OF COVERAGE/AMOUNT OF PREMIUM:

\$1,000/\$60.00 \$3,000/\$70.00 \$5,000/\$90.00 \$7,000/\$110.00 \$10,000/\$120.00

Note: Tenants, not related to the insured or a permanent member of the insured's household and who pay board or rent, must purchase a separate policy in order to be insured.

CERTIFICATION BY APPLICANT

I certify under penalty of Ohio law for fraud or intentional misrepresentation as set forth in the Ohio Revised Code, 1) that I understand that **any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud**, 2) that the **statements I have made in this Application are true and correct** to the best of my knowledge and belief, and 3) that **I have read all information on this application. I understand that any policy issued is subject to the requirements for protective devices, which are summarized on this application, and that renewals of policies issued are subject to those requirements for protective devices.**

Applicant's Signature

Date Signed

CERTIFICATION OF APPLICANT'S AGENT

I certify, under penalty of Ohio law, 1) that **I am an agent licensed in the State of Ohio**, 2) that the **date of my signature is correct**, and 3) that **I have explained to the Applicant** that compliance with protective device requirements is a prerequisite for coverage under Crime Insurance policies. I also agree that in the event of cancellation of a policy, I shall refund to OFP commissions on the unearned portion of premiums at the same rate at which such commission was paid.

Agent's Signature

Date Signed