



P.O. Box 95445, Chicago, Illinois 60694-5445
 312/861-0385 800/972-4480
 FAX 312- 861-0134
 www.illinoisfairplan.com

DO NOT WRITE IN THIS SPACE

REHABILITATION QUESTIONNAIRE

Type or print clearly. There is more important information on reverse side. Please read carefully.

1. Name of Applicant: _____

2. LOCATION OF PROPERTY
 (LIST ALL ADDRESSES OF PROPERTY)

Street _____
 City _____
 Zip Code _____

3a. Has rehabilitation work begun?
 Yes Date: _____
 No Date when work will begin: _____

3b. Are any repairs the result of fire damage?
 Yes No. If yes, explain _____
 (If yes, also attach a written detailed description of the fire damaged area.)

4. When is the expected completion date?

5. Have building permits been issued?
 Yes (Provide a copy of permit.)
 No. If no, explain: _____

6. How is the rehabilitation being financed? _____

7. Give the estimated market value (less land) of the property when work is completed: _____
 How was this estimate developed? _____

8. When was the property acquired?

 From whom was it acquired?

 Purchase price: _____
 (Provide proof of purchase price)

9. Is the building secured against trespass?
 Yes No
 If yes, how?

 How will property be supervised when workmen not present?

10a. List principal contracting firms or individuals who will be doing the work. Attach copy of contract(s).

10b. How many days per week will work be done? _____

11. How will the property be occupied when work is completed?

12. Will applicant retain ownership in building after rehabilitation is completed?
 Yes No

I (we) certify that I (we) have an insurable interest in the property, that the information provided is correct and complete and any misrepresentation, omissions or errors could result in the issued policy being void.

 Signature of Applicant(s), Principal Beneficiary of Trust or a Corporate Officer

 Date

DEFINITION

The Illinois FAIR Plan may insure qualified properties for up to one year while they are vacant and undergoing rehabilitation, including undergoing major exterior, interior and/or structural improvements.

HOW TO APPLY

This questionnaire must be completed and submitted with the Application for Homeowners and Dwelling Property Insurance (ACORD 68 IL & 69 IL) or Application for Commercial Property Insurance (ACORD 171 IL) for 5 families and over apartment buildings and commercial risks.

ELIGIBILITY

The following guidelines must be met to be eligible for a Rehabilitation policy:

- 1) Fire damaged properties - Written on an exception basis, contact the FAIR Plan.
- 2) The property must be secured against trespass.
- 3) Work must either be in progress, or a definite date when work will begin must be given. Work must begin no later than 30 days after the effective date of coverage.
- 4) Completion date cannot exceed one year from the coverage effective date.
- 5) If property recently purchased, the initial amount of insurance will be no more than the purchase price of the property or the purchase price plus documented repairs/improvements. Coverage can be increased periodically as work progresses and documentation, such as receipts and/or photos are provided.
- 6) The property will be surveyed prior to quotation and, if coverage provided, every 90 days until the work is completed.
- 7) If the work has been completed and property vacant, the policy will be cancelled. If occupied, policyholder may reapply for standard coverage.

APARTMENT BUILDINGS/COMMERCIAL RISKS ONLY

The Rehabilitation Clause permits the property to be unoccupied during rehabilitation under the following Conditions:

- 1) The building will be secured against trespass.
- 2) When workers are not present, the building will be under the supervision of a responsible person.
- 3) The Rehabilitation Clause, FP 00 80, will apply to policies issued for buildings with commercial or apartment occupancies.
- 4) All apartment buildings and commercial risk under going rehabilitation will be written with no coinsurance.

Rehabilitation policies are not renewable. When the work is completed, the insured should submit a new application using the appropriate policy form. A survey will be ordered to determine if the property qualifies for coverage under form requested.