

# Illinois FAIR Plan Association

P O Box 81469  
Chicago, Illinois 60681-0469

## COMMERCIAL PROPERTY



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THIS POLICY JACKET WITH THE COMMERCIAL PROPERTY POLICY FORM, DECLARATION PAGE AND ENDORSEMENTS, IF ANY,  
ISSUED TO FORM A PART THEREOF, COMPLETES THIS POLICY

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## COMMERCIAL PROPERTY POLICY

This policy is issued on behalf of those Members of the Illinois FAIR Plan Association who, by law, or by agreement, are participating Insurers in the kind of risks insured by this policy. The names of such Participating insurers, and the extent of their respective participations, are on file with and can be obtained from either the Association or the Insurance Department of the State of Illinois.

### NOTICE TO POLICY HOLDER

This notice is to advise you, that should any complaints arise regarding this insurance, you should contact us by writing to the Illinois FAIR Plan Association, PO Box 81469, Chicago, Illinois 60681-0469. If after communicating with us, you believe that you have not received assistance or information to which you are entitled, you may contact the Illinois Department of Insurance, at 320 West Washington Street, Springfield, Illinois 62767-0001, on-line at [www.insurance.illinois.gov/complaints/complaints.asp](http://www.insurance.illinois.gov/complaints/complaints.asp), or by phone at (866) 445-5364.

### SPECIAL-PROVISIONS

- A. Any notice, sworn statement or proof of loss which may be required by the provisions of this policy may be given to us, and such notice, statement or proof of loss so given shall be valid and binding as to all member companies.
- B. In any action or suit under or in any way related to this policy, such action or suit may be brought against us as defendant, and service of process may be made on us, and such service shall be deemed valid and binding service on all member companies.
- C. Wherever the term "Company" appears in this policy, it shall refer to the Illinois FAIR Plan Association.
- D. We are the agent of the member companies with respect to all matters pertaining to the insurance. All notices, process or other communications required by or in connection with the policy shall be mailed to us at PO Box 81469, Chicago, Illinois, 60681-0469, and such notice to us shall be considered to constitute notice to the member Companies. Any requests, demands or agreements made by and any cancellation notice issued by us shall be deemed to have been made or issued directly by the Companies.
- E. This policy is not assignable.

**"This jacket and the foregoing provisions are a part of this policy."**