



# New Mexico Property Insurance Program

N.M. F.A.I.R. PLAN

NEW MEXICO PROPERTY INSURANCE PROGRAM  
N.M. FAIR PLAN  
2201 SAN PEDRO DRIVE, NE - BUILDING 20  
ALBUQUERQUE, NM 87110-4155

## COMMERCIAL FIRE APPLICATION

~ THE APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE ~

~ VACANT PROPERTY IS NOT ELIGIBLE UNDER THE FAIR PLAN ~

~ MAKE CHECK PAYABLE TO : NEW MEXICO PROPERTY INSURANCE ~

### APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

Applicant Is: \_\_\_ Owner Occupant \_\_\_ Landlord \_\_\_ Tenant \_\_\_ Lessee \_\_\_ Mortgagee

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

### LOCATION OF PROPERTY

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If there is no street number, please indicate specific directions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LOSS PAYEE/MORTGAGEE INFORMATION

Name \_\_\_\_\_

Mortgagee \_\_\_ Loss Payee \_\_\_ Contract of Sale \_\_\_ Other \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mortgagee Bill Yes \_\_\_ No \_\_\_ Loan Number \_\_\_\_\_

**LOSS PAYEE/MORTGAGEE INFORMATION continued**

Second Loss Payee/Mortgagee (if applicable)

Name \_\_\_\_\_

Mortgage \_\_\_\_\_ Loss Payee \_\_\_\_\_ Contract of Sale \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mortgagee Bill Yes \_\_\_\_\_ No \_\_\_\_\_ Loan Number \_\_\_\_\_

**RATING INFORMATION**

Kind of Property: Dwelling \_\_\_\_\_ Mobile Home \_\_\_\_\_ Builders Risk \_\_\_\_\_ Commercial \_\_\_\_\_

If dwelling: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Seasonal \_\_\_\_\_ Number of families \_\_\_\_\_

If Mobile Home: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Serial # \_\_\_\_\_

Is MOBILE HOME on continuous enclosed foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

Is it tied down? Yes \_\_\_\_\_ No \_\_\_\_\_. Are wheels removed? Yes \_\_\_\_\_ No \_\_\_\_\_.

**IF BUILDERS RISK:**

Is this new construction (from the ground up)? Yes \_\_\_\_\_ No \_\_\_\_\_

When will/did construction start? \_\_\_\_\_

Is this renovation? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, is property vacant? Yes \_\_\_\_\_ No \_\_\_\_\_.

What is the expected date of completion? \_\_\_\_\_ Who will do the work? \_\_\_\_\_

What is the cost of construction? \_\_\_\_\_

Upon completion, the building/dwelling will be Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_

For Sale \_\_\_\_\_.

CONSTRUCTION: Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Veneer \_\_\_\_\_ Other \_\_\_\_\_ (explain) \_\_\_\_\_

If building/dwelling coverage is requested: Estimated Actual Cash Value \_\_\_\_\_

Approximate Year Built \_\_\_\_\_, Number of Stories \_\_\_\_\_ Square Footage \_\_\_\_\_

If property recently purchased: Month \_\_\_\_\_ Year \_\_\_\_\_ Purchase Price \_\_\_\_\_.

LOCATION PROTECTION: In the city limits? Yes \_\_\_\_\_ No \_\_\_\_\_. Feet to nearest hydrant \_\_\_\_\_

Miles to nearest responding Fire Department \_\_\_\_\_ Protection Class \_\_\_\_\_.

**COVERAGE REQUESTED COMMERCIAL**

IF PREVIOUSLY INSURED UNDER THE FAIR PLAN:

NAME OF INSURED \_\_\_\_\_ AND POLICY# \_\_\_\_\_

Requested renewal quote? Yes \_\_\_ No \_\_\_ Requested new business quote? Yes \_\_\_\_\_ No \_\_\_\_\_

Quote # assigned by the FAIR Plan \_\_\_\_\_.

Building Amount \$ \_\_\_\_\_

Fire & V&MM \_\_\_\_\_

Premium \_\_\_\_\_

Co-Insurance \_\_\_\_\_

EC \_\_\_\_\_

Premium \_\_\_\_\_



**COVERAGE REQUESTED COMMERCIAL continued**

Business Contents Amount \$ \_\_\_\_\_ Fire & V&MM \_\_\_\_\_ Premium \_\_\_\_\_  
 EC \_\_\_\_\_ Premium \_\_\_\_\_

Other Contents Amount \$ \_\_\_\_\_ Fire & V&MM \_\_\_\_\_ Premium \_\_\_\_\_  
 EC \_\_\_\_\_ Premium \_\_\_\_\_

Building occupied as \_\_\_\_\_

The maximum total coverages cannot exceed \$500,000.00.

Basic commercial policy comes with a \$500.00 deductible. Optional deductible desired \$ \_\_\_\_\_

Minimum 80% coinsurance of actual cash value is required on all buildings.

Are there other structures on the property? Yes \_\_\_\_\_ No \_\_\_\_\_.

If so, are they vacant or unoccupied? Yes \_\_\_\_\_ No \_\_\_\_\_.

Are they currently insured? Yes \_\_\_\_\_ No \_\_\_\_\_. Explain \_\_\_\_\_

**UNDERWRITING INFORMATION**

Prior Insurance Yes \_\_\_\_\_ No \_\_\_\_\_. Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Present company cancelling or non-renewing? Yes \_\_\_\_\_ No \_\_\_\_\_. Expiring/Cancellation Date \_\_\_\_\_

Reason \_\_\_\_\_

List all losses in the past three years.

Date of Loss	Amount of Loss	Description of Loss	Damages Repaired	
/ /	\$ _____	_____	Yes _____	No _____
/ /	\$ _____	_____	Yes _____	No _____
/ /	\$ _____	_____	Yes _____	No _____

If damage has not been repaired, please explain \_\_\_\_\_

Have any utilities been disconnected and/or accounts unpaid? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Is any portion of the building/dwelling expected to be unoccupied or vacant during policy period? No \_\_\_\_\_

Yes \_\_\_\_\_. If yes, when? \_\_\_\_\_ How long? \_\_\_\_\_ Why? \_\_\_\_\_

Any farming or other business conducted on premises (including day/child care)? Yes \_\_\_\_\_ No \_\_\_\_\_

Any brush or forest fire hazard? Yes \_\_\_\_\_ No \_\_\_\_\_

Is property for sale? Yes \_\_\_\_\_ No \_\_\_\_\_

**This application is for an actual cash value policy. WE DO NOT PROVIDE REPLACEMENT COST FOR BUILDINGS/DWELLINGS OR CONTENTS.**

I (WE) understand and agree that the agent/producer of record named on this application is designated as my/our representative and not an agent of any Insurer in this transaction or the New Mexico Property Insurance Program. I (WE) also understand that my/our representative has no authority to bind the New Mexico Property Insurance Program in any manner. The collection, payment or acceptance of money by my/our representative does not bind coverage to the New Mexico Property Insurance Program. If application is accepted by the New Mexico Property Insurance Program, payment must be received by the New Mexico Property Insurance Program in order for coverage to become effective. The New Mexico Property Insurance Program is not and will not be responsible for the failure of your representative to deliver any notice, information or payment required from you by this application or any policy that may be subsequently issued.

I (WE) further understand and agree that only upon receipt of a fully completed application, accompanied by the quoted premium made payable to the Servicing Insurer, and if the property meets underwriting standards established by the New Mexico Property Insurance Program, will coverage be in force.

**WARNING: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties."**



**The foregoing answers and statements contained herein are complete, true, and correct to the best of my knowledge and belief.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

If you wish to know the date we receive the application, please fill out the following and we will mail you a copy of this with our date stamp on the application.

Named Insured \_\_\_\_\_

DATE RECEIVED IN THE FAIR PLAN

Address of Applicant \_\_\_\_\_

**DATE OF COVERAGE REQUESTED**

(If later than date received) \_\_\_\_\_

I am a licensed property Insurance agent in the State of New Mexico. In the event a policy is issued and then cancelled or Insurance thereunder terminated, or a change is made resulting in a return premium due, I agree to return my proportionate share of such return premium.

\_\_\_\_\_  
Phone Number of Producer of Record

\_\_\_\_\_  
Signature of licensed Representative

\_\_\_\_\_  
COMPLETE NAME AND ADDRESS OF  
LICENSED PRODUCER OF RECORD:

\_\_\_\_\_  
TAX ID #

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
EXPIRING