



DELAWARE FAIR PLAN

PRODUCER DOCUMENTATION

Version: January 1, 2017

The Delaware FAIR Plan, formally known as the Insurance Placement Facility of Delaware, commenced operating October 28, 1968, to make basic property insurance available to persons who have an insurable interest in real or tangible personal property located in the State of Delaware, and who have been unable to secure such insurance from the voluntary insurance market. The Plan was authorized by and created pursuant to House Bill 712 of the General Assembly of Delaware.

The Delaware FAIR Plan is an association of the property insurance companies doing business in Delaware. No Federal, State, or local funds are used to support or subsidize this Plan. It is administered by a Board of Directors elected annually by all companies. The Administrative Office of the FAIR Plan is located at 190 N. Independence Mall West, Suite 301, Philadelphia, Pennsylvania 19106 1554.

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Producer Registration

Insurance Placement Facility of Delaware
190 N. INDEPENDENCE MALL WEST, SUITE - 301 | PHILADELPHIA, PENNSYLVANIA 19106-1554
PHONE: (800) 462-4962 OR (215) 629-8800 | FAX: (215) 409-9100

FAQ REQUESTS **ONLINE SERVICES** WHATS NEW? DIRECTIONS CONTACT

ELECTRONIC APPLICATION
GET A QUOTE
MAKE A PAYMENT
REPORT A CLAIM

THE DELAWARE FAIR PLAN

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Selecting any of the Online Services listed in the drop-down menu above will display the Log In landing page below.
(Please Note: Some browsers have a pop-up blocker, which will prevent display of the next screen if not disabled first.)

Insurance Placement Facility of Delaware
190 N. INDEPENDENCE MALL WEST, Suite - 301
Philadelphia, Pennsylvania 19106-1554
Phone: (800) 462-4972 or (215) 629-8800
Fax: (215) 409-9100

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Log In to Your Account
User ID:
Password:
☒ Remember my User ID
Log In
[Forgot password?](#)
[Register Agent](#)
[Register Insured](#)

Get a Free Quote
Select...
Get a Quote Full Application

Submit a Claim
Submit Claim

Common Questions
[Login Question 1?](#)

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

Clicking the "Register Agent" link below the Log In button on the left side of the screen will display the screen below.



Login

Request a Portal Account

Please use this form to submit a request for access to the FAIR Plan Portal

* **Agency Name**

* **Your First Name**

* **Your Last Name**

* **Your Phone Number**

* **Your E-mail**

* **Your Role**

Enter your FAIR Plan agency codes separated by a comma. Leave the field blank if you don't know the codes.

Here are the rules

- 1 Request an account for each user. No sharing is allowed!
- 2 Provide your FAIR Plan assigned agency code.
- 3 Use your agency e-mail address so we can verify who you are.
- 4 Please allow 1-2 business days for your accounts to be enabled.
- 5 Contact our [Help Desk](#) if you have any questions.

First Name	Last Name	E-Mail	Agent code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="✓ Update"/> <input type="button" value="✗ Remove"/>

Additional Notes

☐ I have the authority to request user accounts on behalf of agency listed in this form. FAIR Plan may use this contact information to verify the validity of the requestor and all user accounts requested.

User: Anonymous User

Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

Completing the above screen will notify the FAIR Plan that you wish to register your agency for online portal access.

Quick Quote



Log In to Your Account

User ID:

Password:

☒ Remember my User ID

[Forgot password?](#)

[Register Agent](#)

[Register Insured](#)

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Get a Free Quote

Select...

Select...

Dwelling Fire

Commercial Fire

Submit a Claim

Common Questions

[Login Question 1?](#)

User: Anonymous User

Finys - Delaware FAIR Plan (v4.6.2.1)

While you are waiting to receive a login and password, you can get Quick Quotes for Dwelling Fire and Commercial Fire.



Log In to Your Account

User ID:

Password:

☒ Remember my User ID

Log In

[Forgot password?](#)
[Register Agent](#)
[Register Insured](#)

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Get a Free Quote

Commercial Fire

Get a Quote

Full Application

Submit a Claim

Submit Claim

Common Questions

[Login Question 1?](#)

User: Anonymous User

Finys - Delaware FAIR Plan (v4.6.2.1)

Select "Dwelling Fire" or "Commercial Fire" from the Quote drop-down menu and click the "Get a Quote" button.

Commercial Fire Quick Quote



QuickQuote

Quote : DEQCF00027

Term: 5/18/2016 - 5/18/2017

Save Quote Cancel Quote

Insured First Name

Jeff

Insured Last Name

Bezos

Email Address

Jeff@amazon.com

Location Address #1

560 Merrimac Ave

Location Address #2

City

Middletown

State

Delaware

Zipcode

19709

Construction Type

Select...

Building Classification Code

Select...

Contents Classification Code

Frame

Building Limit

Joisted Masonry / Brick

BPP Limit

Non-Combustible

Building Coinsurance

Masonry Non-Combustible

Deductible

Modified Fire Resistive

Fire Resistive

Calculate

Print

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building				
Contents				
Total	\$0	\$0	\$0	\$0

GROSS PREMIUM

Group I without V&MM \$100*

Group I and Group II without V&MM \$100*

Group I and Group II with V&MM \$100*

Report Description

Print

[Enter Email Address]

[Enter Email Address]

[Enter Email Address]

Print/Send


Disclaimer

User: Anonymous User

Finys - Delaware FAIR Plan (v4.6.2.1)

Complete Insured Name and Property Location Address in the screen shown above and select the Construction Type.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION


Home

QuickQuote

Quote : DEOCF00027

Term: 5/18/2016 - 5/18/2017

Save Quote Cancel Quote

Insured First Name

Jeff

Insured Last Name

Bezos

Email Address

Jeff@amazon.com

Location Address #1

560 Merrimac Ave

Location Address #2

City

Middletown

State

Delaware

Zipcode

19709

Construction Type

Joisted Masonry / Brick

Building Classification Code

Warehouse [1211]

Contents Classification Code

not part of building [1190]

Building Limit

BPP Limit

Building Coinsurance

Deductible

Calculate

Print

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building				
Contents				
Total	\$0	\$0	\$0	\$0

GROSS PREMIUM

Group I without V&MM \$100*

Group I and Group II without V&MM \$100*

Group I and Group II with V&MM \$100*

Report Description

Print

[Enter Email Address]

[Enter Email Address]

[Enter Email Address]


Print/Send

Disclaimer

User: Anonymous User

Finys - Delaware FAIR Plan (v4.6.2.1)

Then, select the Building and Contents Classification Code(s) to indicate the specific type of business operations.


Home

QuickQuote

Quote : DEOCF00027

Term: 5/18/2016 - 5/18/2017

Save Quote Cancel Quote

Insured First Name

Jeff

Insured Last Name

Bezos

Email Address

Jeff@amazon.com

Location Address #1

560 Merrimac Ave

Location Address #2

City

Middletown

State

Delaware

Zipcode

19709

Construction Type

Joisted Masonry / Brick

Building Classification Code

Warehouse [1211]

Contents Classification Code

Warehouse [1211]

Building Limit

\$300,000

BPP Limit

\$100,000

Building Coinsurance

80%

Deductible

\$500

Calculate

Print

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building			\$25,000	
Contents			\$50,000	
Total	\$0	\$0	\$0	\$0

GROSS PREMIUM

Group I without V&MM \$100*

Group I and Group II without V&MM \$100*

Group I and Group II with V&MM \$100*

Report Description

Print

[Enter Email Address]

[Enter Email Address]

[Enter Email Address]

Print/Send


Disclaimer

User: Anonymous User

Finys - Delaware FAIR Plan (v4.6.2.1)

Lastly, enter the Building and Contents Limit amounts desired, then select the Coinsurance% and Deductible amount.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION


Home

QuickQuote

Quote : DEOCF00027
Term: 5/18/2016 - 5/18/2017

Save Quote
Cancel Quote

Insured First Name
Insured Last Name
Email Address
Location Address #1
Location Address #2
City
State
Zipcode

Construction Type
Building Classification Code
Contents Classification Code
Building Limit
BPP Limit
Building Coinsurance
Deductible

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building				
Contents				
Total	\$0	\$0	\$0	\$0

GROSS PREMIUM

Group I without V&MM \$100* Group I and Group II without V&MM \$100* Group I and Group II with V&MM \$100*

Report Description

Print

[Enter Email Address]

[Enter Email Address]


[Enter Email Address]

Print/Send

Disclaimer

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

When you have completed the required fields as shown above, click the “Calculate” button to launch the rating process.


Home

QuickQuote

Quote : DEOCF00027
Term: 5/18/2016 - 5/18/2017

Save Quote
Cancel Quote

Insured First Name
Insured Last Name
Email Address
Location Address #1
Location Address #2
City
State
Zipcode

Construction Type
Building Classification Code
Contents Classification Code
Building Limit
BPP Limit

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building				
Contents				
Total	\$0	\$0	\$0	\$0

GROSS PREMIUM

Group I without V&MM \$100* Group I and Group II without V&MM \$100* Group I and Group II with V&MM \$100*

Report Description

Print

[Enter Email Address]

[Enter Email Address]

[Enter Email Address]

Print/Send

Disclaimer

Address Verification

Entered

Verified

Address Line 1

Address Line 2

City

State

Zip

Address Line 1

Address Line 2

City

State

Zip

Zip Plus 4


Use Existing


Use Verified

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

In order to rate the property location, the system must verify the address with the USPS and ISO for protection class, etc.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION


Home


QuickQuote

Quote : DEOCF00027
Term: 5/18/2016 - 5/18/2017

Save Quote Cancel Quote Convert To Application

Insured First Name
 Jeff

Insured Last Name
 Bezos

Email Address
 Jeff@amazon.com

Location Address #1
 560 MERRIMAC AVE

Location Address #2
 [Empty]

City
 MIDDLETOWN

State
 Delaware

Zipcode
 19709

Construction Type
 Joisted Masonry / Brick

Building Classification Code
 Warehouse [1211]

Contents Classification Code
 Warehouse [1211]

Building Limit
 \$300,000

BPP Limit
 \$100,000

Building Coinsurance
 80%

Deductible
 \$1,000

Calculate Print

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building	\$300,000	\$627	\$672	\$321
Contents	\$100,000	\$224	\$237	\$100
Total	\$400,000	\$851	\$909	\$421

GROSS PREMIUM


Group I without V&MM \$851
 Group I and Group II without V&MM \$1,272
 Group I and Group II with V&MM \$1,330

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quick Quote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

User: Anonymous User
 Finys - Delaware FAIR Plan (v4.6.2.1)

The premiums for Group I (with or without V&MM) and Group II Perils and various premium combinations are displayed.


Home

PREMIUM

Coverages	Amount of Insurance	Group I w/o V&MM	Group I with V&MM	Group II - Extended Coverage
Building	\$300,000	\$627	\$672	\$321
Contents	\$100,000	\$224	\$237	\$100
Total	\$400,000	\$851	\$909	\$421

GROSS PREMIUM

Group I without V&MM \$851
 Group I and Group II without V&MM \$1,272
 Group I and Group II with V&MM \$1,330

From: Agent1@Agency.com
Subject: Commercial Fire Quote
Body:

Hello Mr. Bezos.
 Attached please find a copy of the commercial fire quote that you requested for your warehouse in Middletown, DE. Please feel free to call me if you are interested in proceeding.
 All the best,
 Frank Agent
 Agency One
 302-555-1212

Report Description	Print	frank@sentwood.com	[Enter Email Address]	[Enter Email Address]
Quick Quote	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Disclaimer

The purpose of this quote is to obtain an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher. These rates do not apply to vacant buildings. Call FAIR Plan at (800) 462-4972 to receive a quote for vacant buildings.

User: Anonymous User
 Finys - Delaware FAIR Plan (v4.6.2.1)

You can print or email the quote by selecting the Print or Email check boxes and entering the desired email address(es).



Insurance Placement Facility of Delaware
 190 N. Independence Mall West, Suite 301, Philadelphia PA 19106-1554
 (215) 629-8800 1-800-462-4972 Fax: (215) 409-9100

Quick Quote

Quote# DEQCF00018		Date: 5/19/2016 12:00:00 AM		CF
Jeff Bezos 560 MERRIMAC AVE MIDDLETOWN, DE 19709-4652		Construction Type: JOISTED MASONRY ISO Class Code: 1211 Protection Class: 5		
Amount of Building Insurance: \$300,000 Amount of Contents Insurance: \$100,000		Coins. %: 80 Deductible: 1000		
Premiums				
Coverages	Limits	① Group 1 w/o V&MM	② Group 1 with V&MM	③ Group 2 – Extended Cov.
Building Limit	\$300,000	\$627	\$672	\$321
Contents Limit	\$100,000	\$224	\$237	\$100
Totals	\$400,000	\$851	\$909	\$421

Policy Premium Purchase Options		
Group 1 without V&MM: \$851	Group 1 & Group 2 w/o V&MM: \$1,272	Group 1 & Group 2 with V&MM: \$1,330

- ① Fire, Lightning, and Explosion
- ② Fire, Lightning, Explosion, and Vandalism & Malicious Mischief
- ③ Wind, Hail, Smoke, Aircraft or Vehicle, Riot or Civil Commotion, Sinkhole Collapse, and Volcanic Action

Disclaimer

The purpose of this quote is to obtain an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher. These rates do not apply to vacant buildings. The minimum premium for Commercial Fire coverage is \$100. Call FAIR Plan at (800) 462-4972 to receive a quote for vacant buildings.

A PDF like the one shown above will display in your browser. You can save a copy on your computer or print it.

Dwelling Fire Quick Quote

QuickQuote
Quote : DEQDF00015
Term: 5/19/2016 - 5/19/2017

Save Quote Cancel Quote Convert To Application

Insured First Name: Joseph
Insured Last Name: Biden
Email: Joe@Whitehouse.gov
Address Line One: 1209 BARLEY MILL RD
Address Line Two:
City: WILMINGTON
State: Delaware
Zipcode: 19807

Construction Type: Masonry
Occupancy: Owner
of Families: 1 Family
Dwelling Limit: \$450,000
Contents Limit: \$200,000
Deductible: \$2,500
Wind or Hail Deductible: No

Calculate Print

PREMIUM

Coverages	Amount of Insurance	Fire	Extended Coverage	V&MM
Building	\$450,000	\$404	\$156	\$63
Contents	\$200,000	\$157	\$34	\$28
Total	\$650,000	\$561	\$190	\$91

GROSS PREMIUM

Fire without V&MM \$561 Fire & Extended Coverage without V&MM \$751 Fire & Extended Coverage with V&MM \$842

Report Description Print [Enter Email Address] [Enter Email Address] [Enter Email Address]

Quick Quote ☐ ☐ ☐ ☐

Print/Send

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

The same process is used to create a Dwelling Fire quote with a couple of different fields (i.e. Occupancy, # of Families).

First Notice of Loss

First Notice Of Loss Submit Cancel

Policy
Policy Number: [Field]
Policy Type: Select...

Loss
Date of Loss: [Field]
Time of Loss: [Field]
Reported By: [Field]
Police Report #: [Field]
Claim Type: Select...

Named Insured
Prefix: [Field]
First Name: [Field]
Middle Name: [Field]
Last Name: [Field]
Suffix: [Field]
Company Name: [Field]

Mailing Address
Address One: [Field]
Address Two: [Field]
City: [Field]
State: Select...
Zip Code: [Field]

Additional Information
Primary Phone #: [Field]
Secondary Phone #: [Field]
Email Address: [Field]

Loss Location
☐ Same as Mailing Address
Address One: [Field]
Address Two: [Field]
City: [Field]
State: Select...
Zip Code: [Field]

Contact
Name: [Field]
Primary Phone #: [Field]
Secondary Phone #: [Field]
Email Address: [Field]

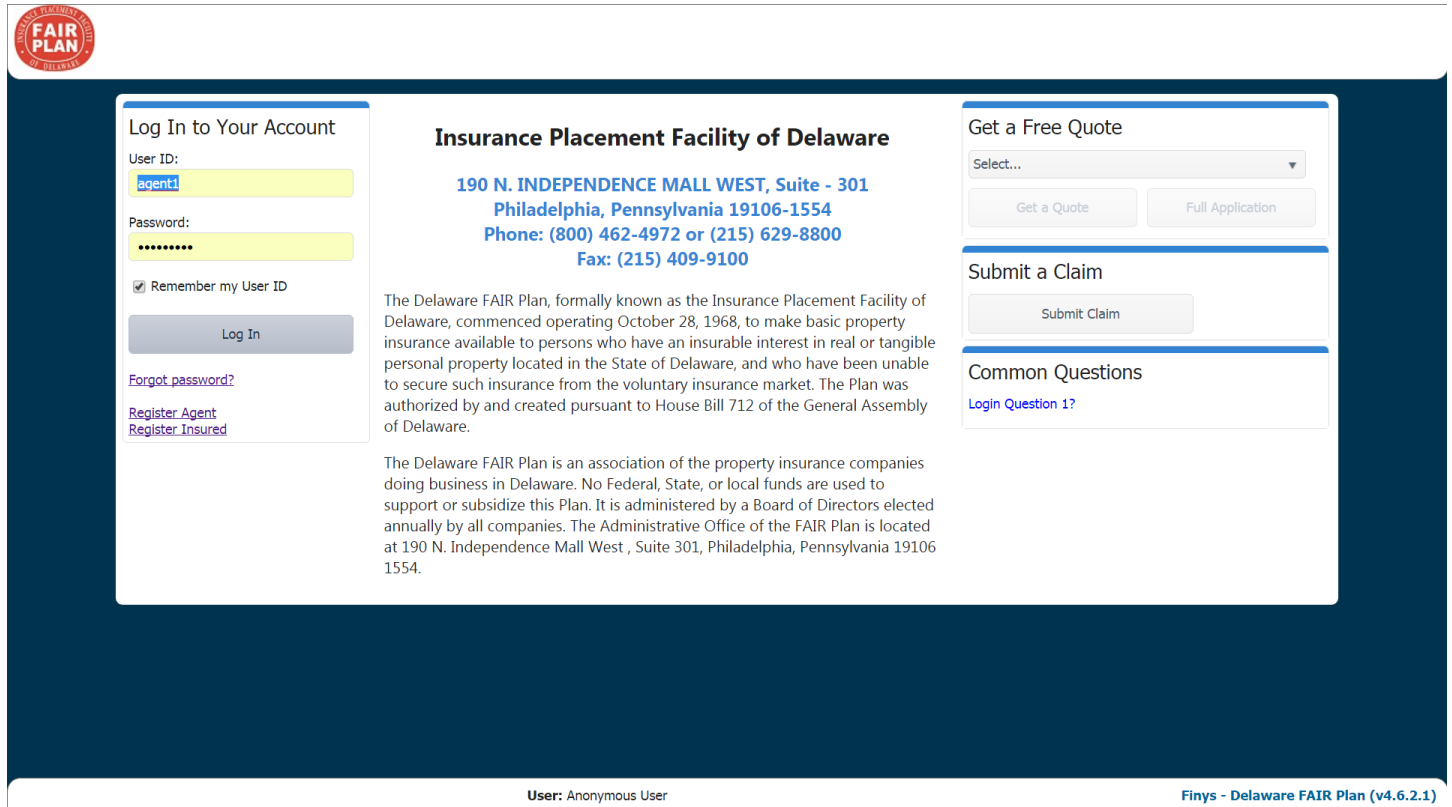
Loss Description
[Large Text Area]

Attachments
Upload

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

You can also enter a First Notice of Loss on the above screen by clicking on the "Submit Claim" button on the Login page.

Login and Full Application



Log In to Your Account

User ID:
agent1

Password:

☒ Remember my User ID

Log In

[Forgot password?](#)

[Register Agent](#)

[Register Insured](#)

Insurance Placement Facility of Delaware

190 N. INDEPENDENCE MALL WEST, Suite - 301
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Get a Free Quote

Select...

Get a Quote Full Application

Submit a Claim

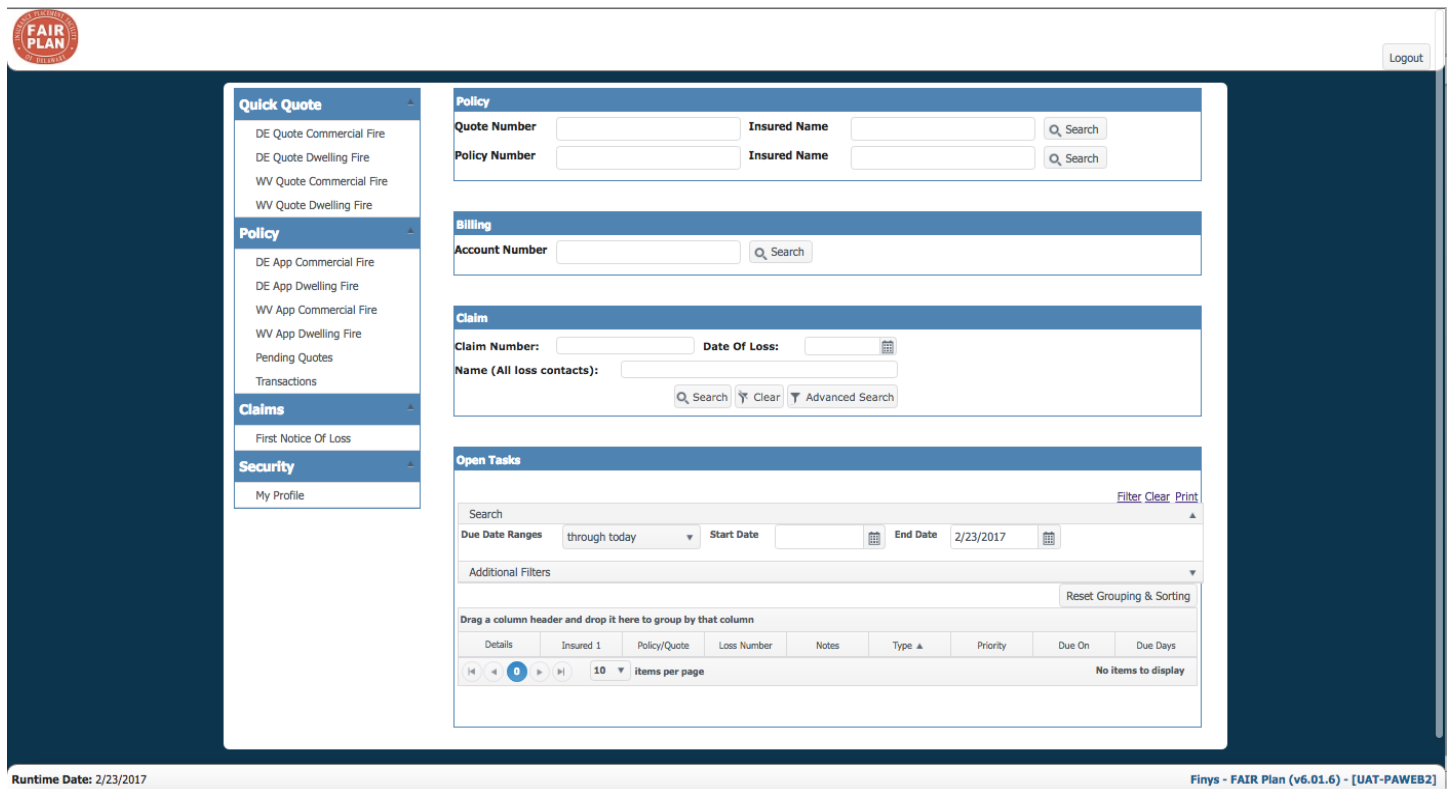
Submit Claim

Common Questions

[Login Question 1?](#)

User: Anonymous User Finys - Delaware FAIR Plan (v4.6.2.1)

Once you have received your User ID and Password from the FAIR Plan you will be able to login and do much more.



Quick Quote

- DE Quote Commercial Fire
- DE Quote Dwelling Fire
- WV Quote Commercial Fire
- WV Quote Dwelling Fire

Policy

- DE App Commercial Fire
- DE App Dwelling Fire
- WV App Commercial Fire
- WV App Dwelling Fire
- Pending Quotes
- Transactions

Claims

- First Notice Of Loss

Security

- My Profile

Policy

Quote Number Insured Name Search

Policy Number Insured Name Search

Billing

Account Number Search

Claim

Claim Number: Date Of Loss:

Name (All loss contacts): Search Clear Advanced Search

Open Tasks

Search Filter Clear Print

Due Date Ranges through today Start Date End Date 2/23/2017

Additional Filters

Reset Grouping & Sorting

Drag a column header and drop it here to group by that column

Details	Insured 1	Policy/Quote	Loss Number	Notes	Type	Priority	Due On	Due Days
No items to display								

Runtime Date: 2/23/2017 Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

If you are licensed to do business in multiple States, you will see options to create Quick Quotes for each State (top left).

Commercial Fire Full Application

FAIR PLAN

Home Logout

Insured Structure Questions Coverages Claims Pricing Signature Payment Reports

Quote : DEQCF00031
Term: 5/19/2016 - 5/19/2017

Effective Date: 5/19/2016
Expiration Date: 5/19/2017
Producer's Firm: Test & Test Fin Serv Inc
Producer's Name: William J Test, Jr. CIC

NAMED INSURED

Named Insured Type: Company
Prefix: Select...
Insured First Name: Jeff
Middle Name:
Insured Last Name: Bezos
Company Name: Amazon, Inc.
Phone Number: (800) 555-1212
Email Address: Jeff@amazon.com
Preferred Contact Method: Email
Inspection Contact Name: Maryann Bezos
Inspection Contact Phone: (999) 555-1212

LOCATION ADDRESS

Street 1: 500 MERRIMAC AVE
Street 2:
City: MIDDLETOWN
State: Delaware
Zip: 19709-
County or City of: Kent County
Building Description: Warehouse
Verify Address

MAILING ADDRESS

☐ Same as Location Address
Street 1: 9345 FAUNTLEROY WAY SW UNIT
Street 2:
City: SEATTLE
State: Washington
Zip: 98136-2685
Verify Address

ADDITIONAL NAMED INSURED

Add Additional Insured

MORTGAGEES / LOSS PAYEES / PREMIUM FINANCE COMPANIES

Add Additional Party

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

The Insured screen is the first of nine in the full application. In addition to the name and address information, this screen allows you to record Additional Name Insureds (see below) and Mortgagees, Loss Payees & Finance Companies.

FAIR PLAN

Home Logout

Insured Structure Questions Coverages Claims Pricing Signature Payment Reports

Quote : DEQCF00031
Term: 5/19/2016 - 5/19/2017

Effective Date: 5/19/2016
Expiration Date: 5/19/2017
Producer's Firm: Test & Test Fin Serv Inc
Producer's Name: William J Test, Jr. CIC

NAMED INSURED

Named Insured Type: Company
Prefix: Select...
Insured First Name: Jeff
Middle Name:
Insured Last Name: Bezos
Company Name: Amazon, Inc.
Phone Number: (800) 555-1212
Email Address: Jeff@amazon.com
Preferred Contact Method: Email
Inspection Contact Name: Maryann Bezos
Inspection Contact Phone: (999) 555-1212

LOCATION ADDRESS

Street 1: 500 MERRIMAC AVE
Street 2:
City: MIDDLETOWN
State: Delaware
Zip: 19709-
County or City of: Kent County
Building Description: Warehouse
Verify Address

MAILING ADDRESS

☐ Same as Location Address
Street 1: 9345 FAUNTLEROY WAY SW UNIT
Street 2:
City: SEATTLE
State: Washington
Zip: 98136-2685
Verify Address

ADDITIONAL NAMED INSURED

Add Additional Insured

MORTGAGEES / LOSS PAYEES / PREMIUM FINANCE COMPANIES

Add Additional Party

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Add Additional Insured

Additional Insured Information

First Name: Maryann
Last Name: Bezos
☒ Same Mailing Address as Primary Named Insured
Address Line One: 9345 FAUNTLEROY WAY SW UNIT
Address Line Two:
City: SEATTLE
State: Washington
Zip: 98136-2685
Save Close

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

The screenshot displays the 'DELAWARE FAIR PLAN PRODUCER DOCUMENTATION' interface. The main form is for adding an insured, with fields for Producer's Name, Named Insured, Insured First Name, Middle Name, Insured Last Name, Company Name, Phone Number, Email Address, Preferred Contact Method, Inspection Contact Name, and Inspection Contact Phone. A modal window titled 'Mortgagee / Loss Payee / Premium Finance Company Listing' is open, showing a table of companies with columns for Name, Phone, Address, City, State, and Zip. The table lists three companies: American Neighborhood Mtg Assoc., Phh/American Express, Fsb, and Western American Mtg. The modal also includes a search bar and a pagination control showing 61 of 63 items.

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Once you have selected the Additional Parties from the list shown, you must choose a Type and record a Loan Number.

The screenshot displays the 'DELAWARE FAIR PLAN PRODUCER DOCUMENTATION' interface, specifically the 'STRUCTURE' tab. The form is for adding an insured, with fields for Insured, Structure, Questions, Coverages, Claims, Pricing, Signature, Payment, and Reports. The 'STRUCTURE' tab is active, showing fields for Construction Type, Foundation, Year Built, # of Stories, Square Footage, Purchase Price, Purchase Date, Wiring Amperage, Roof Type, Certified Sprinkler System?, Distance to Fire Station, Distance to Hydrant, Responding Fire Department, Protection Class, CF Rating Territory, DF Rating Territory, and Primary Heating Source. The 'OCCUPANCY' tab is also visible, showing fields for Occupancy, Building Classification Code, Contents Classification Code, # of Families, and Is this property a farm?. The 'RENOVATIONS' tab is also visible, showing fields for Heating Renovations, Plumbing Renovations, Roofing Renovations, Year, Wiring Renovations, and Year. The 'CURRENT COVERAGE' tab is also visible, showing fields for Other Insurance In Force? and a dropdown for No.

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

For Commercial Fire, the above screen requests data about the structure, occupancy, renovations, and current coverage.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

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Items for review

Refer to Underwriter

Structure: Sprinklered buildings require underwriter referral. If there is no sprinkler system installed answer this question 'N/A'.

Insured

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Reports

Quote : DEQCF00031

Term: 5/19/2016 - 5/19/2017

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STRUCTURE

Construction Type

Joisted Masonry / Brick

Foundation

Full Basement

Year Built

1995

of Stories

2.5

Square Footage

14500

Purchase Price

\$400,000

Purchase Date

10/25/2008

Wiring Amperage

60 Amps or Greater

Roof Type

Metal

Certified Sprinkler System?

Yes

Distance to Fire Station

Less Than 5 Miles

Distance to Hydrant

Less Than 1,000 Feet

Responding Fire Department

VOLUNTEER HH&L VFS 27

Protection Class

5

CF Rating Territory

Entire State

DF Rating Territory

31

Primary Heating Source

Natural Gas

OCCUPANCY

Occupancy

Occupied

Building Classification Code

Warehouse [1211]

Contents Classification Code

Warehouse [1211]

of Families

Select...

Is this property a farm?

No

RENOVATIONS

Heating Renovations

None

Plumbing Renovations

None

Roofing Renovations

Partial

Year

2012

Wiring Renovations

Full

Year

2014

CURRENT COVERAGE

Other Insurance In Force?

No

Save Application

Cancel Application

Previous

Continue

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Some answers (i.e. Sprinkler) may result in your application being referred to an underwriter for review before issuance.

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UNDERWRITING QUESTIONS

1. Is the property fully or partially vacant or unoccupied and/or under renovation?

No

2. Is any portion of the building expected to be unoccupied or vacant during the policy period?

No

3. Any existing property damage?

Yes

3a. Describe the damage:

One of four loading bay doors is inoperable.

3b. What caused the damage?

Delivery truck backed into the door when it was not fully open.

4. Have any utilities been disconnected and/or account(s) unpaid for 60 days or more?

No

5. Are any taxes unpaid or overdue for 1 year or more?

No

6. Has the applicant, mortgagee, loss payee, or any other person having a financial interest in the property ever been indicted for or convicted of the crime of arson or a crime involving a purpose to defraud an insurance company?

No

7. Are there any current violations of fire safety, health, building or construction codes at this location?

No

8. Is there a government order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe?

No

9. Is water, sewage, electricity, or heat out of service?

No

10. Is this property in foreclosure or is any insured in bankruptcy?

No

Save Application

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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Most underwriting questions will be answered "No", but, if they are answered "Yes", additional questions may be asked.

Home

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Items for review

Refer to Underwriter

Questions: Any existing property damage? Requires underwriter referral.

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Quote : DEQCF00031

Term: 5/19/2016 - 5/19/2017

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UNDERWRITING QUESTIONS

1. Is the property fully or partially vacant or unoccupied and/or under renovation?

No

2. Is any portion of the building expected to be unoccupied or vacant during the policy period?

No

3. Any existing property damage?

Yes

3a. Describe the damage:

One of four loading bay doors is inoperable.

3b. What caused the damage?

Delivery truck backed into the door when it was not fully open.

4. Have any utilities been disconnected and/or account(s) unpaid for 60 days or more?

No

5. Are any taxes unpaid or overdue for 1 year or more?

No

6. Has the applicant, mortgagee, loss payee, or any other person having a financial interest in the property ever been indicted for or convicted of the crime of arson or a crime involving a purpose to defraud an insurance company?

No

7. Are there any current violations of fire safety, health, building or construction codes at this location?

No

8. Is there a government order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe?

No

9. Is water, sewage, electricity, or heat out of service?

No

10. Is this property in foreclosure or is any insured in bankruptcy?

No

Save Application

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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Adverse underwriting conditions will also result in your application being referred to an underwriter for review.

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Term: 5/19/2016 - 5/19/2017

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COVERAGES

Perils

Deductible

Estimated Building ACV*

Estimated Contents ACV*

Total ACV* Exposure

* Actual Cash Value

Select...

Building Limit

Select...

Group 1 (Fire, Lightning, Explosion, Vandalism)

Group 1 Excluding Vandalism

Group 1 & Group 2 (Wind, Hail, Smoke, Aircraft or Vehicle, Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action)

Group 1 & Group 2 Excluding Vandalism

Group 1 Including Sprinkler Leakage

Group 1 Excluding Vandalism & Including Sprinkler Leakage

Group 1 & Group 2 Including Sprinkler Leakage

Group 1 & Group 2 Excluding Vandalism & Including Sprinkler Leakage

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Selecting the Commercial Perils is the most important coverage decision. Be sure to include Sprinkler Leakage if needed.



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COVERAGES

Perils

Group 1 Including Sprinkler Le...

Deductible

\$2,500

Estimated Building ACV*

\$450,000

Estimated Contents ACV*

\$200,000

Total ACV* Exposure

\$650,000

* Actual Cash Value

Building Limit

\$450,000

Building Coinsurance

80%

BPP Limit

\$200,000

BPP Coinsurance

80%

HHF or LLF Limit

Save Application

Cancel Application

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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Building & Contents Limits cannot exceed Estimated Value. Notice the Household or Landlord's Furnishings Limit above.



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Term: 5/19/2016 - 5/19/2017



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Have there been any losses in the past five (5) years for the applicant or property?

Yes

All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

Add Loss

Add Loss

Remove	Date of Loss	Status	Type

Add Loss

Date of Loss

2/8/2012

Status

Closed

Type

Collapse due to Weight of Ice, ...

Describe Loss in Detail

Ice dam backup caused water dami

Amount of Damages

\$7,520.00

Repairs Completed?

Yes

Save


Close

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

On the Claims screen, if you answer "Yes" to claims in the last five years, you must complete the "Add Loss" information.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION



[Home](#)
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Items for review

Refer to Underwriter

Claims: There have been losses in the past five years. Referred to underwriter.

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Quote : DEQCF00031

Term: 5/19/2016 - 5/19/2017

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Have there been any losses in the past five (5) years for the applicant or property?

Yes

All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

Add Loss

Remove	Date of Loss	Status	Type	Describe Loss in Detail	Amount of Damages	Repairs Completed	
Remove	2/8/2012	CLOSED	CollapseDueToWeightOfIceS...	Ice dam backup caused water damage.	\$7,520.00	Yes	<div>Edit</div>

Save Application

Cancel Application


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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

And, any losses in the last five years will also result in your application being referred to an underwriter for review.



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Quote : DEQCF00031

Term: 5/19/2016 - 5/19/2017

Save Application

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Coverages	Limits/Deductibles	Base Premiums	Surcharges	Final Premiums
Building Fire w/V&MM	\$450,000	\$882	\$0	\$882
Business Personal Property Fire w/V&MM	\$200,000	\$400	\$0	\$400
Deductible	\$2,500			
Total Policy Premium				\$1,282

Disclaimer: The pricing shown above represents an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher.

Save Application

Cancel Application

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Finys - Delaware FAIR Plan (v4.6.2.1)

The Pricing screen gives a breakdown of the premiums for this property given its condition and the coverages selected.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION



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Term: 5/19/2016 - 5/19/2017

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IMPORTANT

The FAIR Plan does not charge a service or inspection fee. A policy, if issued, is in consideration of the above application for insurance and the payment of premiums. I agree to pay any additional premium that may be due the FAIR Plan as a result of an inspection and/or determination of proper rates. I understand and agree that the Broker/Producer of record named on this application is my representative and not an agent of the Delaware FAIR Plan. I also understand that my representative has no authority to bind the FAIR Plan in any manner. The collection, payment or acceptance of money by my representative does not constitute payment to the FAIR Plan and does not mean coverage is in force. Payment of premiums must be received at the office of the plan. I further understand and agree that only upon receipt of a properly completed application, accompanied by the appropriate premium, and only after a tentative determination by the plan that my property is eligible for coverage, can coverage be considered in force. The foregoing answers and statements on the proceeding screens are complete, true and correctly reported as representations and not warranties and shall form the basis for and be a part of any contract of insurance.

APPLICANT'S ELECTRONIC SIGNATURE:
I certify that by inputting my name and the date in the appropriate spaces on this web page that I validate and agree to the statements listed above

Please type your name Date

If applicable, I hereby certify that I am a licensed property insurance Producer

TAX ID#	352-15-8411	LICENSE#	EXPIRING

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 the commission on such return premium. My signature below certifies that I am the designated representative of the applicant and not an agent of the Delaware FAIR Plan and have no authority to act as such on its behalf.

PRODUCER'S ELECTRONIC SIGNATURE:
I certify that by inputting my name and the date in the appropriate spaces on this web page that I validate and agree to the statements listed above

Please type your name Date

Save Application

Cancel Application


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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

On the Signature screen, you must sign for your insured and yourself, acknowledging the FAIR Plan Terms & Conditions.



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Quote : DEQCF00031

Term: 5/19/2016 - 5/19/2017

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Policy Premium \$1,282.00 **Cash Posting Date**

Bill To

Select...

Select...

Insured - Jeff Bezos | 9345 FAUNTLEROY WAY SW UNIT H SEATTLE, WA 981362685

First Mortgagee - Santander Bank,Na,Isaac Atima, | Po Box 628 Amelia, OH 45102

Producer - Test & Test Fin Serv Inc | Po Box 266 Fairview Village, PA 19409266


Previous

Continue

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

On the Payment screen, you must first determine whether the Insured, the Mortgagee, or your firm will be the Payor.



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Quote : DEQCF00031
Term: 5/19/2016 - 5/19/2017
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Policy Premium \$1,282.00 **Cash Posting Date**

Bill To Producer - Test & Test Fin Serv Inc | Po Box 266 Fairview Village, PA 19409266

BILL PLANS

	Plan Type	Premium	Payments	1st Payment %	1st Payment Amount	2nd Payment %	2nd Payment Amount
<input checked="" type="checkbox"/>	FULL-PAY	\$1,282.00	1	100%	\$1,282.00	0%	\$0.00
<input type="checkbox"/>	TWO-PAY	\$1,282.00	1	60%	\$769.20	40%	\$512.80

Down Payment

Payment Amount \$1,282.00

Payment Method Select...

Select...

Electronic Checking or Savings Payment


Credit Card Payment

Save Application
Cancel Application
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Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Insureds and Producers may pay in full or select the Two-Pay Plan. Payment must be made using EFT or a Credit Card.



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Insured
Structure
Questions
Coverages

Quote : DEQCF00031
Term: 5/19/2016 - 5/19/2017

Policy Premium \$1,282.00

Bill To Producer - Test & Test Fin

BILL PLANS

	Plan Type	Premium	Payments
<input type="checkbox"/>	FULL-PAY	\$1,282.00	1
<input checked="" type="checkbox"/>	TWO-PAY	\$1,282.00	1

Down Payment






Payment Amount \$769.20

Payment Method Credit Card Payment

Payment Details

Pay with credit or debit card

Card number

Expiration date /

CSC

[What is this ?](#)

Pay Now

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

Selecting the Credit Card option will prompt for the above information using the same system that is presently offered.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

Quote : DEQCF00031
Term: 5/19/2016 - 5/19/2017

Policy Premium \$1,282.00 Cash Posting Date

Bill To Producer - Test & Test Fin Serv Inc | Po Box 266 Fairview Village, PA 19409266

BILL PLANS

	Plan Type	Premium	Payments	1st Payment %	1st Payment Amount	2nd Payment %	2nd Payment Amount
select	FULL-PAY	\$1,282.00	1	100%	\$1,282.00	0%	\$0.00
✓	TWO-PAY	\$1,282.00	1	60%	\$769.20	40%	\$512.80

Down Payment

Payment Amount \$769.20

Payment Method ⓘ Electronic Checking or ...

Payment Details

Bank Name Bank of America

Account Holder's Name Test & Test Fin Serv Inc

Account Type Checking

Account Number 1234567890

Routing Number 011900571

Save Continue

Runtime Date: 5/19/2016 Finys - Delaware FAIR Plan (v4.6.2.1)

Selecting the EFT payment option will prompt for the above information. The Routing Number is validated immediately.

Quote : DEQCF00031
Term: 5/20/2016 - 5/20/2017

Cancel Application Previous Submit Referral

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Cancel Application Previous Submit Referral

Items for review

Refer to Underwriter

Questions: Any existing property damage? Requires underwriter referral.

Claims: There have been losses in the past five years. Referred to underwriter.

Structure: Sprinklered buildings require underwriter referral. If there is no sprinkler system installed answer this question 'N/A'.

Finys - Delaware FAIR Plan (v4.6.2.1)

The Reports screen displays all underwriting referrals and allows you to print or email the Quote and/or Application.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION



Home Logout

Items for review

- Refer to Underwriter**
 - Questions: Any existing property damage? Requires underwriter referral.
 - Claims: There have been losses in the past five years. Referred to underwriter.
 - Structure: Sprinklered buildings require underwriter referral. If there is no sprinkler system installed answer this question 'N/A'.

☒ Insured
 ☒ Structure
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 ☒ Reports

Quote : DEQCF00031

Term: 5/20/2016 - 5/20/2017

From: acall@finys.com

Subject: Comm'l Fire Quote & Application

Body:

Dear Mr. Bezos.
Attached please find a copy of the quote and your application for Commercial Fire coverage through the Delaware FAIR Plan. Please review these documents in preparation for our meeting next week.
All the best,
William Test
Test & Test Fin Serv Inc

Report Description	Print	Jeff@amazon.com	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Finys - Delaware FAIR Plan (v4.6.2.1)

You can print or email the quote by selecting the Print or Email check boxes and entering the desired email address(es), after which you can click the "Submit Referral" button to submit the application for review by one of our underwriters



Home Logout

Application Confirmation

Applicant Information

Name: Jeff Bezos
Company: Amazon, Inc.
Address Line One: 9345 FAUNTLEROY WAY SW UNIT H
Address Line Two:
City/State/Zip: SEATTLE/WA/98136-2685

Application Information

Application Number DEQCF00031
Term: 5/20/2016 - 5/20/2017
Total Premium: \$1,282.00

Billing Information

Account Number:
Bill Plan: TWO-PAY

Organization Information

Organization Name: Test & Test Fin Serv Inc
Address Line One: Po Box 266
Address Line Two:
City/State/Zip: Fairview Village/PA/19409-266
Phone: (610) 277-9202

Producer Information

Producer Name: William J Test, Jr. CIC

Down Payment Information

Amount: \$769.20
Method: Electronic Checking or Savings Payment

Print & Email

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Runtime Date: 5/19/2016

Finys - Delaware FAIR Plan (v4.6.2.1)

On the Confirmation page, you can also print or email the quote or application by selecting Print or Email check boxes.



STANDARD COMMERCIAL PROPERTY INSURANCE QUOTE

NAMED INSURED MAILING ADDRESS

Amazon, Inc.
9345 FAUNTLEROY WAY SW UNIT H
SEATTLE, WA 98136-2685

QUOTE NO: DEQCF00031
QUOTE DATE: 05/20/2016

We will provide insurance described in this quote in return for the premium quoted. This insurance applies to the described location, coverage for which a limit of insurance is shown and perils insured against for which a premium is stated.

AMOUNT OF INSURANCE	PREMIUM DUE
\$650,000	TOTAL \$ 1,282.00

COVERED CAUSES OF LOSS

- ☒ GROUP I (Fire, Lightning, Explosion & Vandalism)
☐ EXCLUDE VANDALISM
☒ INCLUDE SPRINKLER LEAKAGE
☐ GROUP II (Wind, Hail, Smoke, Aircraft or Vehicle, Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action)

LIMIT OF INSURANCE	PERCENT OF CO-INSURANCE APPLICABLE	DESCRIPTION OF PROPERTY COVERED APPLIES ONLY FOR WHICH A LIMIT OF INSURANCE IS SHOWN. BELOW IS THE OCCUPANCY OF THE BUILDING COVERED OR OF THE BUILDING CONTAINING THE PROPERTY COVERED.
\$450,000	80	Building Limit - Joisted Masonry / Brick Occupied
\$200,000	80	Contents Limit - Joisted Masonry / Brick Occupied
\$ 0		Household or Landlord's Furnishings - Joisted Masonry / Brick Occupied

PREMISES INSURED: 500 MERRIMAC AVE, MIDDLETOWN, DE 19709

DEDUCTIBLE\$ \$2,500

IN CASE OF LOSS UNDER THE POLICY, WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE STATED.

The purpose of this quote is to obtain an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher.

PRODUCER

William J Test, Jr. CIC
Po Box 266
Fairview Village, PA 19409266 (610) 277-9202



Insurance Placement Facility of Delaware
 190 N. Independence Mall West, Suite 301
 Philadelphia, Pennsylvania 19106-1554
 Phone: (800) 462-4972 or (215) 629-8800
 Fax: (215) 409-9100

COMMERCIAL FIRE INSURANCE APPLICATION

DATE: 5/19/2016

THIS APPLICATION IS NOT A BINDER

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. FALSE STATEMENTS MAY VOID YOUR POLICY!

1st APPLICANT'S NAME:	Jeff Bezos		
1st APPLICANT'S COMPANY	Amazon, Inc.		
1st APPLICANT'S PHONE #:	(800) 555-1212		
1st APPLICANT'S EMAIL:	Jeff@amazon.com		
MAILING ADDRESS:			
STREET ADDRESS 1:	9345 FAUNTLEROY WAY SW UNIT H		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	SEATTLE		
1st APPLICANT'S STATE:	WA	ZIP:	98136-2685
PREFERRED CONTACT:	EMAIL		
LOCATION OF PROPERTY:			
STREET ADDRESS 1:	500 MERRIMAC AVE		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	MIDDLETOWN		
LOCATION STATE:	DE	ZIP:	19709
COUNTY / TAX JURISDICTION:	KENT COUNTY		
INSP. CONTACT NAME:	Maryann Bezos	CONTACT PHONE:	(999) 555-1212
1st LIENHOLDER NAME:	Santander Bank, Na, Isaoa Atima,		
STREET ADDRESS 1:	Po Box 628		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	Amelia		
1st LIENHOLDER STATE:	OH ZIP: 45102		
1st LIENHOLDER PHONE #:			
1st LIENHOLDER TYPE:	First Mortgagee		
1st LOAN / ACCOUNT #:	Unknown		
2nd LIENHOLDER NAME:	Western American Mtg		
STREET ADDRESS 1:	4009 Airport Frwy, 200		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	Bedford		
2nd LIENHOLDER STATE:	TX ZIP: 76021		
2nd LIENHOLDER PHONE #:			
2nd LIENHOLDER TYPE:	Loss Payee		
2nd LOAN / ACCOUNT #:	None		

5/19/2016 DEQCF00031 1

A PDF of the Application like the above will display in your browser. You can save a copy on your computer or print it.

Dwelling Fire Full Application

The Dwelling Fire Insured screen is the same as Commercial Fire, except that Building Description has only four choices.

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

Effective Date: 2/23/2017
Expiration Date: 2/23/2018
Producer's Firm: Test & Test Fin. Serv. Inc.

NAMED INSURED
Named Insured Type: Individual
Prefix: Select...
Insured First Name: Jeff & Maryann
Middle Name:
Insured Last Name: Bezos
Company Name:
Phone Number: (302) 555-1212
Email Address: jeff@amazon.com
Preferred Contact Method: Email
Inspection Contact Name: Maryann Bezos
Inspection Contact Phone: (302) 555-1212

LOCATION ADDRESS
Street 1: 34 WILMINGTON AVE
Street 2:
City: REHOBOTH BCH
State: Delaware
Zip: 19971-2217
County or City of: Sussex County
Building Description: Select...
Select...
Dwelling
Garage
Storage OutBuilding
Condominium

MAILING ADDRESS
☒ Same as Location Address
Street 1: 34 WILMINGTON AVE
Street 2:
City: REHOBOTH BCH
State: Delaware
Zip: 19971-2217

ADDITIONAL NAMED INSURED
Add Additional Insured

MORTGAGEES / LOSS PAYEES / PREMIUM FINANCE COMPANIES
Add Additional Party

Runtime Date: 2/23/2017

The Dwelling screen is quite different from the Commercial Fire Structure screen, depending upon Construction Type.

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

DWELLING
Construction Type: Frame
Foundation: Select...
Year Built: Frame
of Stories: Masonry
Square Footage: Mobile Home
Purchase Price:
Purchase Date:
Wiring Amperage: Select...
Roof Type: Select...
Distance to Fire Station: Less Than 5 Miles
Distance to Hydrant: Less Than 1,000 Feet
Responding Fire Department: REHOBOTH BEACH FC FS 86-1
Protection Class: 5
DF Rating Territory: 02
Primary Heating Source: Select...

OCCUPANCY
Occupancy: Select...
Is the occupancy seasonal?: Select...
Any Business On Premises?: Select...
of Families: Select...
Is this property a farm?: Select...

RENOVATIONS
Heating Renovations: Select...
Plumbing Renovations: Select...
Roofing Renovations: Select...
Wiring Renovations: Select...

CURRENT COVERAGE
Other Insurance In Force?: Select...

Runtime Date: 2/23/2017

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

For Mobile Homes (below), the Dwelling screen is substantially different from Frame or Masonry Construction Types.

FAIR PLAN

Home Logout

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

Save Application Cancel Application Previous Continue

DWELLING

Construction Type: Mobile Home

Mobile Home Year:

Mobile Home Make:

Mobile Home Model:

Mobile Home Serial#:

Foundation: Select...

Is the mobile home tied down?: Select...

Are the wheels removed?: Select...

Will it be moved during the policy term?: Select...

Purchase Price:

Purchase Date:

Wiring Amperage: Select...

Distance to Fire Station: Less Than 5 Miles

Distance to Hydrant: Less Than 1,000 Feet

Responding Fire Department: REHOBOTH BEACH FC FS 86-1

Protection Class: 5

DF Rating Territory: 02

Primary Heating Source: Select...

OCCUPANCY

Occupancy: Select...

Is the occupancy seasonal?: Select...

Any Business On Premises?: Select...

of Families: Select...

Is this property a farm?: Select...

RENOVATIONS

Heating Renovations: Select...

Plumbing Renovations: Select...

Roofing Renovations: Select...

Wiring Renovations: Select...

CURRENT COVERAGE

Other Insurance In Force?: Select...

Runtime Date: 2/23/2017

Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

Some answers trigger additional questions and some (i.e. Vacant Occupancy) cause referral to underwriters for review.

FAIR PLAN

Home Logout

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

Save Application Cancel Application Previous Continue

DWELLING

Construction Type: Frame

Foundation: Partial Basement

Year Built: 1932

of Stories: 2.5

Square Footage: 15400

Purchase Price: \$450,000

Purchase Date: 5/15/2011

Wiring Amperage: 60 Amps or Greater

Roof Type: Wood Shingle

Distance to Fire Station: Less Than 5 Miles

Distance to Hydrant: Less Than 1,000 Feet

Responding Fire Department: REHOBOTH BEACH FC FS 86-1

Protection Class: 5

DF Rating Territory: 02

Primary Heating Source: Wood or Coal Stove

Is there 36 inches of clearance to all combustibles surrounding the stove?: Yes

Is there 18 inches of non-combustible floor protection from the edge of the stove + on all sides?: Yes

Is the stove vented with a proper, double-walled vent pipe with a collar?: Yes

Does the vent pipe extend 18 inches above roof line?: Yes

Does the stove have a valid UL label?: Yes

Is the stove a homemade stove?: No

OCCUPANCY

Occupancy: Vacant

Is the occupancy seasonal?: Yes

Any Business On Premises?: Yes

Describe Business: Technology Consulting

of Families: 1 Family

Is this property a farm?: No

RENOVATIONS

Heating Renovations: Full

Year: 2012

Plumbing Renovations: Partial

Year: 2013

Roofing Renovations: None

Wiring Renovations: Full

Year: 2013

CURRENT COVERAGE

Other Insurance In Force?: Yes

Company Name: Dwellers Insurance

Insurance Amount: \$300,000

Effective Date: 3/1/2016

Items for review

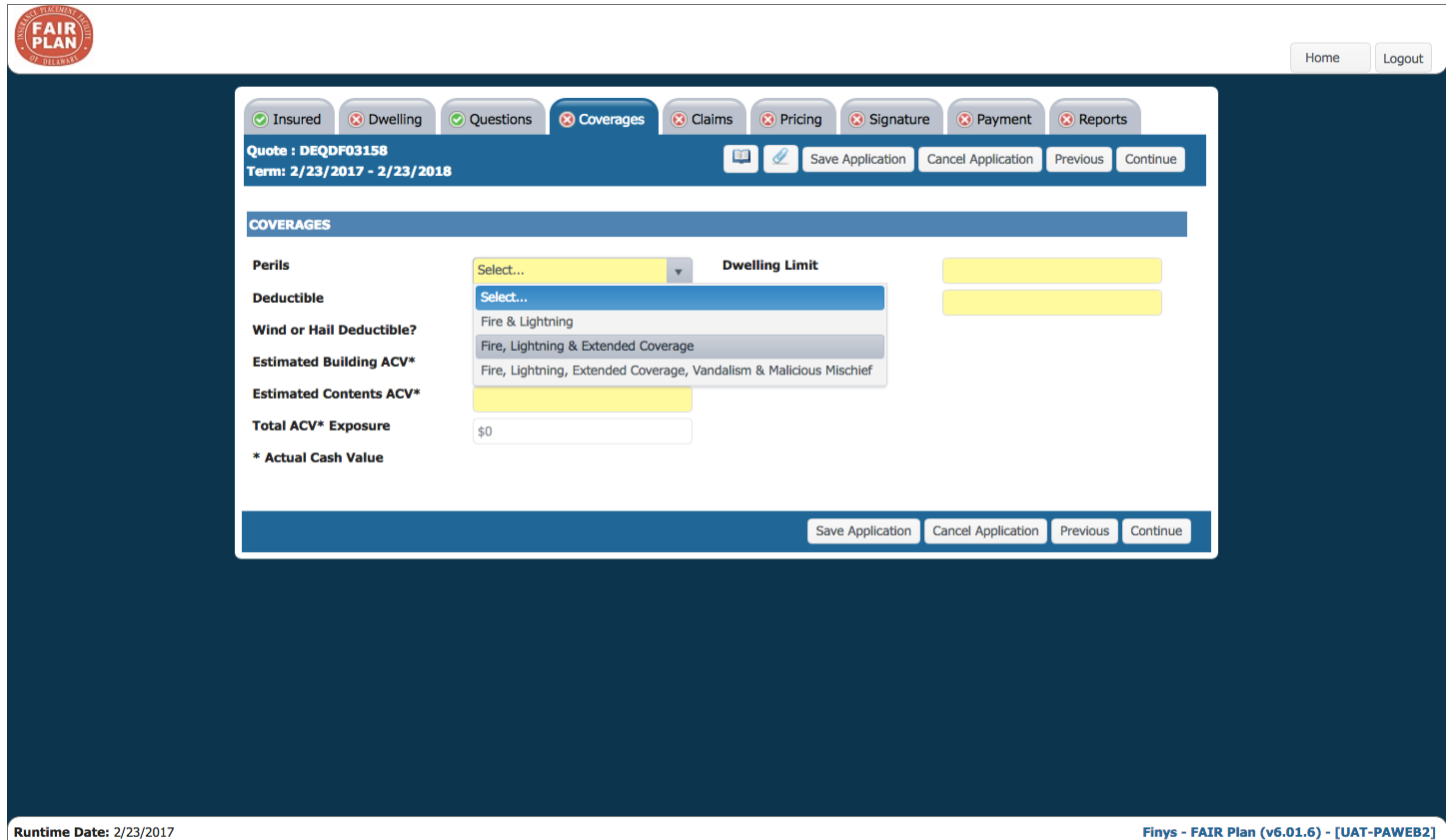
- Refer to Underwriter
- Dwelling: Occupancy is vacant. Referred to underwriter.

Runtime Date: 2/23/2017

Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

The Commercial Fire and Dwelling Fire Questions, Claims, Signature, Payment, and Reports screens are identical.

As with Commercial Fire, selecting the Dwelling Fire Perils is the most important decision on the Coverages screen.



FAIR PLAN

Home Logout

Insured Dwelling Questions **Coverages** Claims Pricing Signature Payment Reports

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

Save Application Cancel Application Previous Continue

COVERAGES

Perils Select... Dwelling Limit

Deductible Select...

Wind or Hail Deductible? Fire & Lightning

Estimated Building ACV* Fire, Lightning & Extended Coverage

Estimated Contents ACV* Fire, Lightning, Extended Coverage, Vandalism & Malicious Mischief

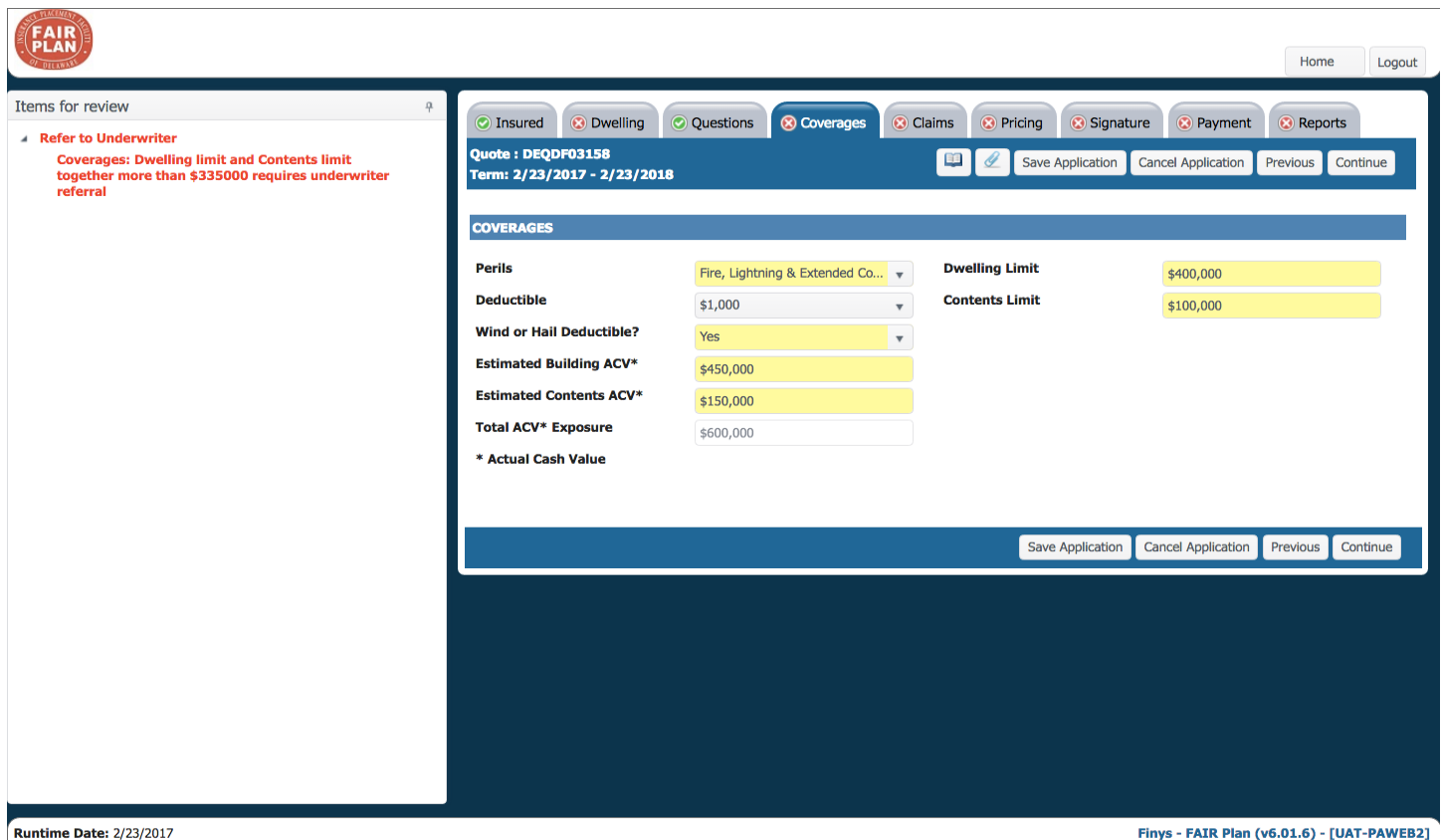
Total ACV* Exposure \$0

* Actual Cash Value

Save Application Cancel Application Previous Continue

Runtime Date: 2/23/2017 Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

Dwelling Fire Dwelling & Contents Limits cannot exceed Estimated Values and high Limits require underwriter referral.



FAIR PLAN

Home Logout

Insured Dwelling Questions **Coverages** Claims Pricing Signature Payment Reports

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

Save Application Cancel Application Previous Continue

COVERAGES

Perils Fire, Lightning & Extended Co... Dwelling Limit \$400,000

Deductible \$1,000 Contents Limit \$100,000

Wind or Hail Deductible? Yes

Estimated Building ACV* \$450,000

Estimated Contents ACV* \$150,000

Total ACV* Exposure \$600,000

* Actual Cash Value

Save Application Cancel Application Previous Continue


Items for review

Refer to Underwriter
Coverages: Dwelling limit and Contents limit together more than \$335000 requires underwriter referral

Runtime Date: 2/23/2017 Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

The Pricing screen gives a breakdown of the premiums for this property given its condition and the coverages selected.



[Home](#)
[Logout](#)

Insured

Dwelling

Questions

Coverages

Claims

Pricing

Signature

Payment

Reports

Quote : DEQDF03158
Term: 2/23/2017 - 2/23/2018

[Save Application](#)
[Cancel Application](#)
[Previous](#)
[Continue](#)


Coverages	Limits/Deductibles	Base Premiums	Surcharges	Final Premiums
Building Insurance Amount	\$400,000			
Building Fire		\$355	\$0	\$355
Building Extended Coverage				\$397
Contents Insurance Amount	\$100,000			
Contents Fire		\$65	\$0	\$65
Contents Extended Coverage				\$40
Deductible	\$1,000			
Total Policy Premium				\$857

Disclaimer: The pricing shown above represents an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher.

[Save Application](#)
[Cancel Application](#)
[Previous](#)
[Continue](#)

Runtime Date: 2/23/2017
Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

The Reports screen displays all underwriting referrals and allows you to print or email the Quote and/or Application.



[Home](#)
[Logout](#)

Items for review

Refer to Underwriter

Dwelling: Occupancy is vacant. Referred to underwriter.
Coverages: Dwelling limit and Contents limit together more than \$335000 requires underwriter referral

Insured

Dwelling

Questions

Coverages

Claims

Pricing

Signature

Payment

Reports

Quote : DEQDF03158
Term: 2/24/2017 - 2/24/2018

[Cancel Application](#)
[Previous](#)
[Submit Referral](#)

From: wtestjr@testandtestfinserv.com
Subject: Dwelling Fire Quote & Application
Body:

Dear Mr. Bezos,
Attached please find a copy of the quote and application for Dwelling Fire coverage through the Delaware FAIR Plan. Please review these documents and give me a call to discuss them at your convenience.
All the best,
William Test, Jr.
Test & Test Fin Serv, Inc.
302-321-4567 Cell

Report Description	Print	jeff@amazon.com	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Print/Send](#)

[Cancel Application](#)
[Previous](#)
[Submit Referral](#)

Runtime Date: 2/23/2017
Finys - FAIR Plan (v6.01.6) - [UAT-PAWEB2]

On the Confirmation page, you can also print or email the quote or application by selecting Print or Email check boxes.

27 | Page



Home

Logout

Application Confirmation

Applicant Information

Name: Jeff & Maryann Bezos
Company:
Address Line One: 34 WILMINGTON AVE
Address Line Two:
City/State/Zip: REHOBOTH BCH/DE/19971-2217

Application Information

Application Number DEQDF03158
Term: 2/24/2017 - 2/24/2018
Total Premium: \$857.00

Billing Information

Account Number:
Bill Plan: TWO-PAY

Organization Information

Organization Name: Test & Test Fin. Serv. Inc.
Address Line One: Po Box 266
Address Line Two:
City/State/Zip: Fairview Village/PA/19409
Phone: (610) 277-9202

Producer Information

Producer Name: Test & Test Fin. Serv. Inc.

Down Payment Information

Amount: \$514.20
Method: Electronic Checking or Savings Payment

Print & Email

From: wtestjr@testandtestfinserv.com

Subject: Dwelling Fire Quote & Applicati

Body:

Dear Mr. Bezos,
 Attached please find a copy of the quote and application for Dwelling Fire coverage through the Delaware FAIR Plan. Please review these documents and give me a call to discuss them at your convenience.
 All the best,
 William Test, Jr.
 Test & Test Fin Serv, Inc.
 302-321-4567 Cell

Report Description	Print	jeff@amazon.com	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send



Standard Dwelling Property Insurance Quote

NAMED INSURED MAILING ADDRESS

Jeff & Maryann Bezos
34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

QUOTE NO: DEQDF03158

QUOTE DATE: 02/24/2017

We will provide insurance described in this quote in return for the premium quoted. This insurance applies to the described location, coverage for which a limit of insurance is shown and perils insured against for which a premium is stated.

AMOUNT OF INSURANCE	PREMIUM DUE
\$500,000	TOTAL \$ 857.00

COVERED CAUSES OF LOSS

- ☒ FIRE & LIGHTNING
☒ EXTENDED COVERAGE
☐ VANDALISM & MALICIOUS MISCHIEF

LIMIT OF INSURANCE	DESCRIPTION OF PROPERTY COVERED APPLIES ONLY FOR WHICH A LIMIT OF INSURANCE IS SHOWN. BELOW IS THE OCCUPANCY OF THE BUILDING COVERED OR OF THE BUILDING CONTAINING THE PROPERTY COVERED.
\$400,000	Building Limit for Frame Building Occupied as Vacant
\$100,000	Contents Limit for Your Personal Property in Frame Building
PREMISES INSURED: 34 WILMINGTON AVE, REHOBOTH BCH, DE 19971-2217	

DEDUCTIBLE \$1,000 **IN CASE OF LOSS UNDER THE POLICY, WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE STATED.**

THIS POLICY IS SUBJECT TO A \$2000 WIND OR HAIL DEDUCTIBLE. ALL OTHER COVERED LOSSES ARE SUBJECT TO THE POLICY DEDUCTIBLE LISTED ABOVE.

The purpose of this quote is to obtain an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher.

PRODUCER

Test & Test Fin. Serv. Inc.
Po Box 266
Fairview Village, PA 19409- (610) 277-9202


Insurance Placement Facility of Delaware

190 N. Independence Mall West, Suite 301

Philadelphia, Pennsylvania 19106-1554

Phone: (800) 462-4972 or (215) 629-8800

Fax: (215) 409-9100

DWELLING FIRE INSURANCE APPLICATION

DATE: 2/23/2017

THIS APPLICATION IS NOT A BINDER


WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. FALSE STATEMENTS MAY VOID YOUR POLICY!

1st APPLICANT'S NAME:	Jeff & Maryann Bezos		
1st APPLICANT'S COMPANY:			
1st APPLICANT'S PHONE #:	(302) 555-1212		
1st APPLICANT'S EMAIL:	jeff@amazon.com		
MAILING ADDRESS:			
STREET ADDRESS 1:	34 WILMINGTON AVE		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	REHOBOTH BCH		
1st APPLICANT'S STATE:	DE	ZIP:	19971-2217
PREFERRED CONTACT:	EMAIL		
LOCATION OF PROPERTY:			
STREET ADDRESS 1:	34 WILMINGTON AVE		
STREET ADDRESS 2:			
CITY OR TOWNSHIP:	REHOBOTH BCH		
LOCATION STATE:	DE	ZIP:	19971-2217
COUNTY / TAX JURISDICTION:	SUSSEX COUNTY		
INSP. CONTACT NAME:	Maryann Bezos	CONTACT PHONE:	(302) 555-1212
INSURANCE AMOUNT	PROPERTY TO BE COVERED	PERILS	
\$400,000.00	DWELLING	<input checked="" type="checkbox"/> FIRE & LIGHTNING	
\$100,000.00	CONTENTS	<input checked="" type="checkbox"/> EXTENDED COVERAGES (Windstorm or Hail, Explosion, Riot or Civil Commotion, Aircraft, Vehicles, Smoke, and Volcanic Eruption)	
		<input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF	
		<input checked="" type="checkbox"/> WIND OR HAIL DEDUCTIBLE	
DEDUCTIBLE	\$1,000.00	ESTIMATED BUILDING ACV	\$450,000.00
		ESTIMATED CONTENTS ACV	\$150,000.00
		TOTAL ACV EXPOSURE	\$600,000.00
CONSTRUCTION TYPE:	FRAME	OCCUPANCY:	VACANT
FOUNDATION:	PARTIAL BASEMENT	NUMBER OF FAMILIES:	1
YEAR BUILT:	1932	ANY BUSINESS ON PREMISES?	Yes
# OF STORIES:	2.5	DESCRIBE BUSINESS: TECHNOLOGY CONSULTING	
SQUARE FOOTAGE:	15400	IS THE OCCUPANCY SEASONAL?	Yes
PURCHASE PRICE:	\$450,000.00	IS THIS PROPERTY A FARM?	No
PURCHASE DATE:	5/15/2011	HEATING RENOVATION:	FULL YEAR: 2012
WIRING AMPERAGE:	60 AMPS OR GREATER	PLUMBING RENOVATION:	PARTIAL YEAR: 2013
ROOF TYPE:	WOOD SHINGLE	ROOFING RENOVATION:	NONE YEAR:
CERTIFIED SPRINKLER?	N/A	WIRING RENOVATION:	FULL YEAR: 2013
DISTANCE TO FIRE STATION:	LESS THAN 5 MILES		

2/23/2017 DEQDF03158 1

A PDF of the Application like the above will display in your browser. You can save a copy on your computer or print it.

Pending Quotes and Policy Issuance



Logout

Quick Quote

- DE Quote Commercial Fire
- DE Quote Dwelling Fire
- WV Quote Commercial Fire
- WV Quote Dwelling Fire

Policy

- DE App Commercial Fire
- DE App Dwelling Fire
- WV App Commercial Fire
- WV App Dwelling Fire
- Pending Quotes
- Transactions

Claims

- First Notice Of Loss

Security

- My Profile

Policy

Quote Number Insured Name

Policy Number Insured Name

Billing

Account Number

Claim

Claim Number: Date Of Loss:

Name (All loss contacts):

Open Tasks

Due Date Ranges through today Start Date End Date 2/27/2017

Additional Filters

Drag a column header and drop it here to group by that column


Details	Insured 1	Policy/Quote	Loss Number	Notes	Type	Priority	Due On	Due Days
<input type="button" value="10"/> Items per page								

No items to display

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

To open or copy your saved quotes or applications, or modify an application that an underwriter has saved for you, you may click “Pending Quotes” in the Policy Menu to the left on the home screen shown above. Clicking “Pending Quotes” displays the screen below, which you can filter by entering selection criteria at the top or scroll through multiple pages.



Home Logout

Pending Quotes

Quote #: Insured Name: User Name:

Mailing Address: Location Address: Company Name:

Insuring Company: Business Line: Rating State:

Producer: Contact: Transaction Status:

Business Mode: Last Updated From: To:

Open	Copy	Quote	Insured 1	Company Name	Effective	Type	Status	Policy Number	Term	User	Updated
<input type="button" value="Open"/>	<input type="button" value="Copy"/>	DEQDF03161	Bezos, Jeff & Maryann		2/27/2017	NEW	PENDING		1	System Admin	2/27/2017

Items per page

1 - 1 of 1 items

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION



Pending Quotes Logout

Insured

Dwelling

Questions

Coverages

Claims

Pricing

Signature

Payment

Reports

Quote : DEQDF03161

Term: 2/28/2017 - 2/28/2018

Cancel Application

Previous

Issue

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quote Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Confirm Policy Effective Date

Bind with effective date:

02/28/2017

Cancel

Okay

Cancel Application

Previous

Issue

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

If the application is not referred to an underwriter and your payment details were valid, the button on the Reports page reads "Issue", not "Submit", as shown on the screen above. Clicking this button issues the policy and the Confirmation page shown below allows you to print or email copies of the policy. Note: Policies must be effective tomorrow or later.



Pending Quotes Logout

Insured Information

Insured:

Company:

Address Line One:

Address Line Two:

City/State/Zip:

Jeff & Maryann Bezos

34 WILMINGTON AVE

REHOBOTH BCH/DE/19971-2217

Producer Information

Producer's Firm:

Address Line One:

Address Line Two:

City/State/Zip:

Phone:

Test & Test Fin. Serv. Inc.

Po Box 266

Fairview Village/PA/19409

(610) 277-9202

Policy Information

Policy Number:

Term:

Total Premium:

DEDF000128

2/28/2017 - 2/28/2018

\$578.00

Summary

Producer Information

Producer's Name:

Test & Test Fin. Serv. Inc.

Billing Information

Account Number:

Bill Plan:

DEDF000128

FULL-PAY

Down Payment Information

Amount:

Method:

\$578.00

Electronic Checking or Savings Payment

Print & Email

From:

Subject:

Body:

wtestjr@testandtestfinserv.com

Dwelling Fire Policy

Hello Mr. Bezos.

A copy of your dwelling fire policy is attached to this email.

All the best,

William Test, Jr.

Test & Test Fin Serv, Inc.

302-555-1212

Report Description	Print	jeff@amazon.com	[Enter Email Address]	[Enter Email Address]
Declaration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling Fire Policy Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Send

Runtime Date: 2/27/2017

User: Agent1 TestAgent

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]



STANDARD DWELLING PROPERTY INSURANCE POLICY OF DELAWARE

INSURANCE COMPANIES MEMBERS OF

THE INSURANCE PLACEMENT FACILITY OF DELAWARE

A LIST OF THE COMPANIES AND THEIR PERCENTAGE PARTICIPATION IS ON FILE AT THE INSURANCE DEPARTMENT IN DOVER AND A COPY MAY BE OBTAINED AT THE FACILITY OFFICE

DECLARATIONS

NAMED INSURED

Jeff & Maryann Bezos
34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

POLICY NO: DEDF000128

02/28/2017 02/28/2018 TERM
INCEPTION (Mo. Day Yr.) EXPIRATION (Mo. Day Yr.) 1 Year
12:01 A.M. STANDARD TIME 12:01 A.M. STANDARD TIME

MORTGAGEE(S)

We will provide insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If we offer to renew this policy, the premium must be paid in advance of the above expiration date or else this policy will expire. Upon receipt of the renewal premium we will issue a renewal policy. This insurance applies to the described location, coverage for which a limit of insurance is shown and perils insured against for which a premium is stated.

AMOUNT OF INSURANCE	PREMIUM	COVERED CAUSES OF LOSS
\$356,000	\$ 265	<input checked="" type="checkbox"/> FIRE & LIGHTNING
Surcharge: \$	0	<input checked="" type="checkbox"/> EXTENDED COVERAGE
\$	313	<input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF
\$	0	
Additional to Meet Minimum: \$	0	
TOTAL: \$	578	

LIMIT OF INSURANCE	DESCRIPTION OF PROPERTY COVERED APPLIES ONLY FOR WHICH A LIMIT OF INSURANCE IS SHOWN. BELOW IS THE OCCUPANCY OF THE BUILDING COVERED OR OF THE BUILDING CONTAINING THE PROPERTY COVERED.
--------------------	---

\$276,000 Building Limit for Frame Building Occupied as Owner

\$80,000 Contents Limit for Your Personal Property in Frame Building

PREMISES INSURED: 34 WILMINGTON AVE, REHOBOTH BCH, DE 19971-2217

DEDUCTIBLE \$1,000 **IN CASE OF LOSS UNDER THE POLICY, WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE STATED.**

THIS POLICY IS SUBJECT TO A \$2000 WIND OR HAIL DEDUCTIBLE. ALL OTHER COVERED LOSSES ARE SUBJECT TO THE POLICY DEDUCTIBLE LISTED ABOVE.

FORMS APPLICABLE : DP 00 01 FPDE 01 16, DP 04 20 12 02

POLDWGDE
DFP-2 01/2016

02/27/2017

DATE

AUTHORIZED REPRESENTATIVE

PRODUCER

Test & Test Fin. Serv. Inc.
Po Box 266
Fairview Village, PA 19409-____ (610) 277-
9202

LOSS PAYEE



Transactions

TRANSACTION LIST

Search

Policy #: Insured Name: User Name:
 Quote #: Mailing Address: Location Address:
 Company Name: Insuring Company: Business Line:
 Rating State: Producer: Contact:
 Transaction Status: Updated From: Updated To:
 Business Mode:

Summary	Copy	Load	Policy Number	Insured 1	Company Name	Effective	Type	Status	Quote	Term	User	Entered
Summary	Copy		DEDF000128	Bezos, Jeff & Maryann		2/28/2017	NEW	SUBMITTED	DEQDF03161	1	System Admin	2/27/2017

Policy summary for selected transaction

10 items per page 1 - 1 of 1 items

https://defairplan-uat.onapso.com/Portal#

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

Clicking “Transactions” in the Policy Menu on the home screen displays the screen above in which you can filter the list by typing selection criteria at the top such as the Insured Name shown in this example or scroll through multiple pages.

To View Policies, click “Summary” (see above) to display Policy Summary and “Inquire” (see below) for policy details.

Jeff & Maryann Bezos
 34 WILMINGTON AVE
 REHOBOTH BCH, DE 19971-2217

Policy Number DEDF000128
 Term: 1
 2/28/2017 to 2/28/2018
 Policy Status: ACTIVE
 Renewal Status: PRERENEW SUCCESS

Policy History

Select	Inquire	Amend	Term	Effective	Status	Date Entered	Change	Reason	User	Amount	UW Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2/28/2017	Future	2/27/2017	NEW BUSINESS		Agent1 TestAgent	\$578.00	ApproveRiskAfterIns...

10 items per page 1 - 1 of 1 items

Policy Summary

Insured Information		Producer Information	
Named Insured:	Jeff & Maryann Bezos	Test & Test Fin. Serv. Inc.	
Location Address:	34 WILMINGTON AVE REHOBOTH BCH, DE 19971-2217 SUSSEX COUNTY DWELLING	Mailing Address:	34 WILMINGTON AVE REHOBOTH BCH, DE 19971-2217
		Phone Number:	(302) 555-1212
		Email Address:	jeff@amazon.com
		Preferred Contact:	EMAIL

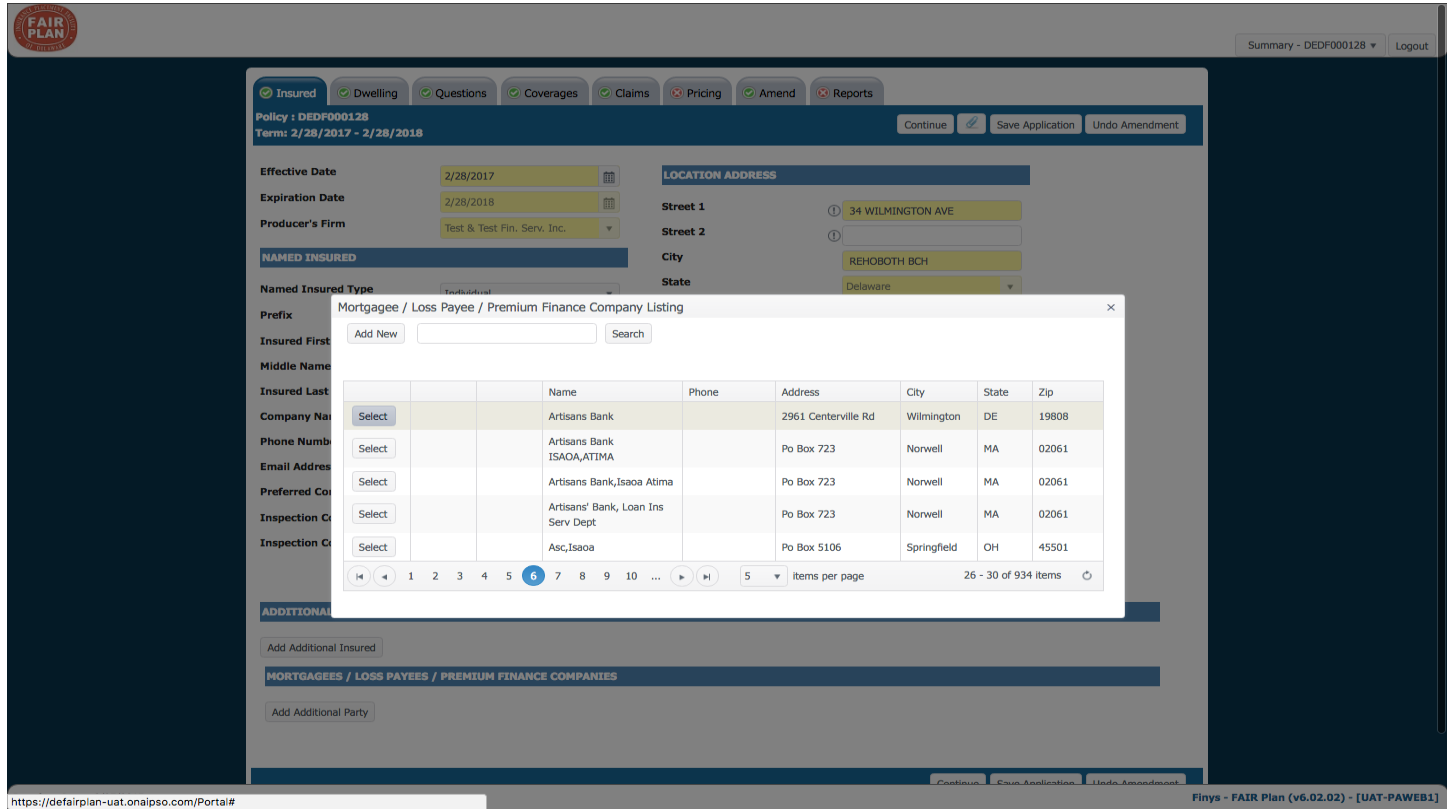
Coverages

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

To Amend Policies, click the “Amend” button to make policy changes, such as adding a Mortgagee shown below.



Policy : DEDF000128
Term: 2/28/2017 - 2/28/2018

Effective Date: 2/28/2017
Expiration Date: 2/28/2018
Producer's Firm: Test & Test Fin. Serv. Inc.

LOCATION ADDRESS
Street 1: 34 WILMINGTON AVE
Street 2:
City: REHOBOTH BCH
State: Delaware

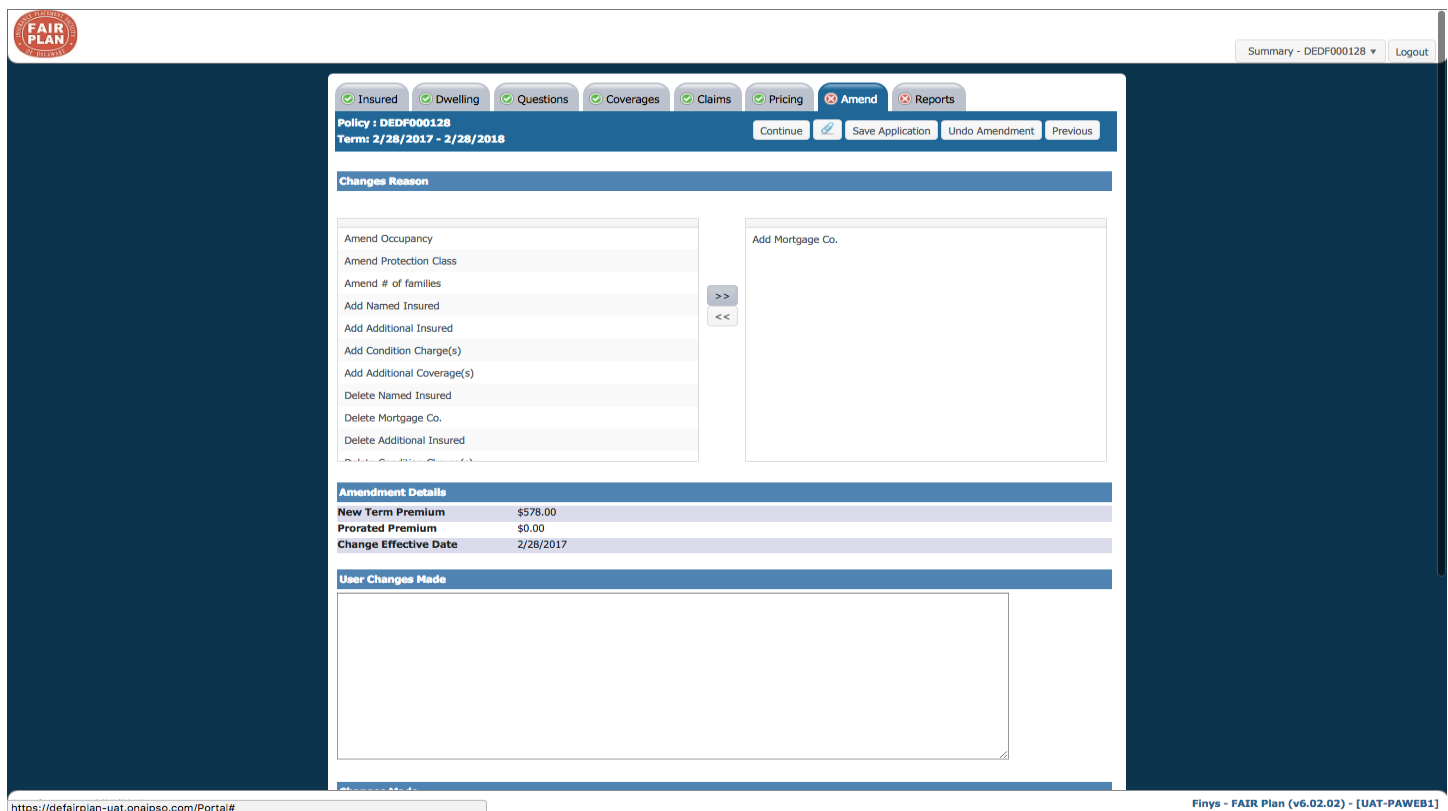
NAMED INSURED
Named Insured Type:
Prefix:
Insured First:
Middle Name:
Insured Last:
Company Name:
Phone Number:
Email Address:
Preferred Coverage:
Inspection Coverage:
Inspection Coverage:

Mortgagee / Loss Payee / Premium Finance Company Listing

Select	Name	Phone	Address	City	State	Zip
Select	Artisans Bank		2961 Centerville Rd	Wilmington	DE	19808
Select	Artisans Bank ISAOA, ATIMA		Po Box 723	Norwell	MA	02061
Select	Artisans Bank, Isaoa Atima		Po Box 723	Norwell	MA	02061
Select	Artisans' Bank, Loan Ins Serv Dept		Po Box 723	Norwell	MA	02061
Select	Asc, Isaoa		Po Box 5106	Springfield	OH	45501

Items per page: 5 26 - 30 of 934 items

For all changes, you must click on the Pricing tab to review the price change and on the Amend tab to select the types of changes made and click on the right arrow as shown below to move those change types to the right hand column.



Policy : DEDF000128
Term: 2/28/2017 - 2/28/2018

Changes Reason

Amend Occupancy
Amend Protection Class
Amend # of families
Add Named Insured
Add Additional Insured
Add Condition Change(s)
Add Additional Coverage(s)
Delete Named Insured
Delete Mortgage Co.
Delete Additional Insured

Add Mortgage Co.

Amendment Details

New Term Premium	\$578.00
Prorated Premium	\$0.00
Change Effective Date	2/28/2017

User Changes Made

Also, on the final Reports tab, you must click on the “Submit Referral” button to submit policy changes to the FAIR Plan.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

The navigation menu is located in the top right corner of the page and you can see on screen print below that you have the option of returning to the Summary that you were just working on, the Transactions listing page or the Home screen.

The screenshot shows the 'Policy Confirmation' screen. In the top right corner, there is a navigation menu with 'Summary - DEDF000128', 'Transactions', and 'Home'. The main content area is divided into several sections:

- Insured Information:**
 - Insured: Jeff & Maryann Bezos
 - Company:
 - Address Line One: 34 WILMINGTON AVE
 - Address Line Two:
 - City/State/Zip: REHOBOTH BCH/DE/19971-2217
- Producer Information:**
 - Producer's Firm: Test & Test Fin. Serv. Inc.
 - Address Line One: Po Box 266
 - Address Line Two:
 - City/State/Zip: Fairview Village/PA/19409
 - Phone: (610) 277-9202
- Policy Information:**
 - Policy Number: **DEDF000128**
 - Term: 2/28/2017 - 2/28/2018
 - Total Premium: \$578.00
- Print & Email:**
 - Report Description: [Enter Email Address] [Enter Email Address] [Enter Email Address]
 - Amended Quote: ☐ ☐ ☐ ☐
 - Print/Send

At the bottom of the screen, there is a footer with 'Runtime Date: 2/27/2017' on the left and 'Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]' on the right.

Clicking on the "Summary" option returns you to the Policy Summary screen where you can select another transaction to perform for this policy. For instance, you could click on the "Create a Claim" button to complete a First Notice of Loss.

To Renew Policies, click the "Renew" button and indicate on the screen below any changes to the risk in the last year. If the answer is "Yes", the explanation field must be completed and the renewal will be referred to an underwriter.


The screenshot shows the 'Renew Policy' screen. In the top right corner, there is a navigation menu with 'Summary - DEDF000128' and 'Logout'. The main content area is divided into several sections:

- Changes:** A tab with a green checkmark icon.
- Pricing:** A tab with a green checkmark icon.
- Payment:** A tab with a red X icon.
- Reports:** A tab with a red X icon.
- Quote:** DEQDF03161
- Policy:** DEDF000128
- Term:** 2/28/2018 - 2/28/2019
- Buttons:** Continue, Save Application, Cancel Application
- Question:** Have there been any changes within the past year? (Occupancy, Additions, Ownership, Loss Payee/Mortgagee, etc)
- Answer:** Yes
- Explanation:** The property is now vacant.
- Buttons:** Continue, Save Application, Cancel Application

At the bottom of the screen, there is a footer with 'Runtime Date: 2/27/2017' on the left and 'Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]' on the right.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

If the automated pre-renewal process determined that this property was eligible for an increase in coverage, the Pricing tab will display a drop-down to "Select Building Coverage" where you can choose the same or increased coverage limits.


Summary - DEDF000128 Logout

Changes Pricing Payment Reports

Quote : DEQDF03161 Policy : DEDF000128
Term: 2/28/2018 - 2/28/2019
Continue Save Application Cancel Application

Select Building Coverage

\$276,000
\$276,000
\$290,000


Coverages	Limits/Deductibles	Base Premiums	Surcharges	Final Premiums
Building Insurance Amount	\$276,000			
Building Fire		\$213	\$0	\$213
Building Extended Coverage				\$281
Contents Insurance Amount	\$80,000			
Contents Fire		\$52	\$0	\$52
Contents Extended Coverage				\$32
Deductible	\$1,000			
Total Policy Premium				\$578

Disclaimer: The pricing shown above represents an estimated premium rate for the property specified. If adverse conditions are found during an inspection of the property, condition charges may cause the premium to be higher.

Continue Save Application Cancel Application

Runtime Date: 2/27/2017
Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

The renewal Payment tab allows either insured or producer to be the Payor with a choice of Plans: Full-Pay or Two-Pay.


Summary - DEDF000128 Logout

Changes Pricing Payment Reports

Quote : DEQDF03161 Policy : DEDF000128
Term: 2/28/2018 - 2/28/2019
Continue Save Application Cancel Application Previous

Policy Premium \$601.00
Bill To Producer - Test & Test Fin. Serv. Inc. | Po Box 266 Fairview Village, PA 19409-_____

BILL PLANS

Select...
Insured - Jeff & Maryann Bezos | 34 WILMINGTON AVE REHOBOTH BCH, DE 199712217
Producer - Test & Test Fin. Serv. Inc. | Po Box 266 Fairview Village, PA 19409-_____

	Plan Type	Premium	Payments	1st Payment %	1st Payment Amount	2nd Payment %	2nd Payment Amount
select	FULL-PAY	\$601.00	1	100%	\$601.00	0%	\$0.00
<input checked="" type="checkbox"/>	TWO-PAY	\$601.00	1	60%	\$360.60	40%	\$240.40

Down Payment

Payment Amount \$360.60 Change Payment Details
Payment Method Electronic Checking or ... Change Payment
Payment Reference Bank of America, Account Number: *****4572

Continue Save Application Cancel Application Previous

Runtime Date: 2/27/2017
Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

If there have been any changes within the past year to Occupancy, Additions, Ownership, Loss Payee or Mortgagee, etc. then the renewal will be referred to an underwriter when you click on the “Submit Referral” button on the Reports tab.

The screenshot shows the 'Reports' tab selected. On the left, under 'Items for review', there is a red message: 'Refer to Underwriter. Changes: Refer to underwriter: Changes were made in the last year.' The main content area shows a table with three columns for email addresses, each with a '[Enter Email Address]' placeholder and a checkbox. At the top right, there are buttons for 'Cancel Application', 'Previous', and 'Submit Referral'. At the bottom right, there are buttons for 'Cancel Application', 'Previous', and 'Submit Referral'. The footer shows 'Runtime Date: 2/27/2017' and 'Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]'.

If there were no changes within the past year, then the renewal will be issued when you click on the “Renew” button and you will have the option of printing or emailing a copy of the Renewal Policy from the Confirmation page.

The screenshot shows the 'Reports' tab selected. The main content area shows a table with three columns for email addresses, each with a '[Enter Email Address]' placeholder and a checkbox. Below the table is a 'Print/Send' button. At the top right, there are buttons for 'Cancel Application', 'Previous', and 'Renew'. At the bottom right, there are buttons for 'Cancel Application', 'Previous', and 'Renew'. The footer shows 'Runtime Date: 2/27/2017' and 'Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]'.

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

A Renewal Offer Letter like the one shown below is sent to every qualifying policyholder 90 days before expiration.



INSURANCE PLACEMENT FACILITY OF DELAWARE
190 N. INDEPENDENCE MALL WEST, SUITE 301
PHILADELPHIA, PA 19106-1554
215-629-8800 1-800-462-4972
FAX 215-409-9100 www.defairplan.com

RUN DATE
POLICY NUMBER
EXPIRATION DATE

2/27/2017
DEDF000128
2/28/2018

THIS FORM IS NOTICE OF PREMIUM DUE AND IS NOT CONSIDERED EVIDENCE OF COVERAGE

PRODUCER ADDRESS

Test & Test Fin. Serv. Inc.
Po Box 266
Fairview Village, PA 19409- (610) 277-9202

APPLICANT AND LOCATION

Jeff & Maryann Bezos
34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

This notice is to inform you that the above policy will expire as of 12:01 A.M. on 2/28/2018.

Our offer to renew this policy is subject to full payment of premium by the expiration date and notification from you of any changes in conditions from that which you previously reported. In order to avoid a lapse in coverage, full payment must be received in the office of the FAIR PLAN before 2/28/2018. Payment received at your agent's office is not considered "received" by the FAIR PLAN.

This offer for renewal coverage is based upon the condition that the property is still
FRAME 1 Family OWNER OCCUPIED

Condition Charges*

* The above condition charge(s), if any, will be eliminated if the conditions are corrected. To initiate a reinspection please inform the Plan, in writing, what corrective measures have been taken.
See the reverse side of this form, TABLE 1, for further explanation of condition charges (if any).

Item No	Amount of Insurance	Subject of Insurance	1 Year Fire Premium	1 Year ECE Premium	1 Year V&MM Premium
1	\$276,000	Building	\$213	\$281	\$0
2	\$80,000	Contents	\$52	\$32	\$0
THIS QUOTATION IS SUBJECT TO A \$2000 WIND OR HAIL DEDUCTIBLE. ALL OTHER COVERED LOSSES ARE SUBJECT TO THE POLICY DEDUCTIBLE.					
	DEDUCTIBLE	\$1,000	Base Premium	\$265	\$313
			Condition Charge Premium	\$0	\$0
			Total Premium	\$265	\$313
			Additional to Meet Minimum		\$0
			Gross Policy Premium		\$578



190 N. Independence Mall West, Suite 301
Philadelphia, PA 19106-1554
215-629-8800 1-800-462-4972
FAX 215-409-9100

Detach this portion and return it with your payment.

Run Date: 2/27/2017
Policy Number: DEDF000128

Name Jeff & Maryann Bezos
Location of Property to be Insured 34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

You may choose to pay the full premium due of

You also may choose to pay a deposit premium of
The remainder of the premium will be billed.

Premium for Current
Amount of Insurance

\$ \$578.00
OR
\$ \$346.80

Payment must be received in the office of the
FAIR PLAN by
2/28/2018

Amount Enclosed _____

Make checks payable to: FAIR PLAN
Payment can be made online at www.defairplan.com

THE PROPERTY IS SUBJECT TO REINSPECTION. RECORDED PERSON TO CONTACT IS:

NAME: Maryann Bezos

TELEPHONE: (302) 555-1212

PRODUCER: Test & Test Fin. Serv. Inc.


TELEPHONE: (610) 277-9202

If coverage is desired report any changes in the space provided on the back of this form and mail, along with full payment.



DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

The Billing Summary Page below shows the detail of all billing and payment transactions for the policy.



Policy Summary

Billing Summary

Diary Summary

Document Summary

Account Number

Jeff & Maryann Bezos
34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

DEDF000128
Term: 1
2/28/2017 to 2/28/2018
Policy Status: ACTIVE
Renewal Status: PRERENEW SUCCESS

Insured Information
Insured Name 1: Jeff & Maryann Bezos
Insured Name 2:
Address: 34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217
Phone: (302) 555-1212
Primary Payor: No

Agent Information
Agency: Test & Test Fin. Serv. Inc.
Address: Po Box 266
Fairview Village, PA 19409-____
Phone: 6102779202

Payor Information
Payor Name: Test & Test Fin. Serv. Inc.
Payor Address: Po Box 266, Fairview Village, PA 19409-____
Payor Phone Number: (610) 277-9202
Primary Payor: Yes

Amount Summary

	Premium	Fees	Total
Total Paid	\$578.00	\$0.00	\$578.00
Total Billed	\$578.00	\$0.00	\$578.00
Total Open	\$0.00	\$0.00	\$0.00
Future Bills	\$0.00	\$0.00	\$0.00
Payoff Balance	\$0.00	\$0.00	\$0.00

Account Information
Account Number: DEDF000128
Account Status: ACTIVE
Bill Plan: FULL-PAY
Last Payment Date: 2/27/2017
Last Payment Amount: \$578.00
Next Transaction:

Future Invoices


Posting Date	Due Date	Amount

Next Transaction Date:
Last Statement Due Date:
Last Statement Minimum Payment:
Last Statement Posting Date:
Suspended Type:
Resume Billing:
Account Equity Date: 2/28/2018

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

The Diary Summary Page below shows the detail of all notes and tasks with follow-up dates for the policy.



Policy Summary

Billing Summary

Diary Summary

Document Summary

Account Number

Jeff & Maryann Bezos
34 WILMINGTON AVE
REHOBOTH BCH, DE 19971-2217

DEDF000128
Term: 1
2/28/2017 to 2/28/2018
Policy Status: ACTIVE
Renewal Status: PRERENEW SUCCESS

Search
Task Status:
Department: Comm Lines UW

Created By:
Recipient:

Date Created:
Due Date:

Details

Created On

Insured 1

Policy/Quote

Department Group

Department

Type

Due On

Diary Type

Created By

Due Days

Priority

View More Details

2/27/2017 4:54:05 PM

Bezoz, Jeff & Maryann

DEDF000128

Underwriting

Comm Lines UW

New Business Quote

Task

System Generated

Normal

Diary Text
New Business Issued.
UW Actions:ApproveRiskAfterInspection
UW Notes:


1 - 1 of 1 items

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]

DELAWARE FAIR PLAN PRODUCER DOCUMENTATION

The Document Summary Page below lists all the electronic and scanned documents for every term of the policy. Click on the file folder icon in front of any row to display that document in your browser to permit printing or emailing.



[Transactions](#) [Logout](#)

[Policy Summary](#)
[Billing Summary](#)
[Diary Summary](#)
[Document Summary](#)



Jeff & Maryann Bezos
 34 WILMINGTON AVE
 REHOBOTH BCH, DE 19971-2217

DEDF000128
 Term: 1
 2/28/2017 to 2/28/2018
 Policy Status: ACTIVE
 Renewal Status: PRERENEW SUCCESS

Upload
Search Clear

Search Start Date
Search End Date

Document Type Select...

	Description	Department Group	Department	Type	Create Date	Term #	Effective Date	Expiration Date	Tags
	Renewal Offer	Producer	Policy	Renewal Offer (Producer)	2/27/2017				
	New Policy Declaration	Producer	Policy	NEWBusiness Declaration (Producer)	2/27/2017				

10 items per page

1 - 2 of 2 items

Runtime Date: 2/27/2017

Finys - FAIR Plan (v6.02.02) - [UAT-PAWEB1]