

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS
FOR COMPLETING HOMEOWNERS APPLICATION ACORD 60 MA**

INSPECTION NOTICE

THE ACORD 60 MA APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE ON THIS PROPERTY. SAID INSPECTION IS TO BE CONDUCTED FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF THE PROPERTY WITH THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION OR THE MARKET ASSISTANCE PLAN ADMINISTERED BY THE ASSOCIATION. I/WE UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTIONS MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTIONS ARE FOR UNDERWRITING PURPOSES. REGARDLESS OF WHETHER A POLICY IS ISSUED, THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION, THE MARKET ASSISTANCE PLAN, THEIR MEMBER COMPANIES, DIRECTORS, OFFICERS, AGENTS, OR EMPLOYEES, ANY OTHER INSPECTION SERVICE, OR ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING AND ANY AGENT OR EMPLOYEE OF THE FOREGOING, WILL NOT BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION OR FAILURE TO INSPECT, THE INSPECTION REPORT OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTIONS OR REPORTS, OR FROM COMPLIANCE OR NONCOMPLIANCE BY THE PROPERTY OWNER OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN THE SAID INSPECTION REPORT. NOTHING CONTAINED IN OR OMITTED FROM SAID INSPECTION REPORT SHALL BE CONSTRUED TO INFER OR IMPLY THAT THE HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORTS TO THE STATE INSURANCE DEPARTMENT, THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION, THE MARKET ASSISTANCE PROGRAM, ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING, AND MY (OUR) AGENT OR REPRESENTATIVE.

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, THIS APPLICATION SHALL BE SIGNED ON THE ACORD 60 MA BY AN OFFICIAL OF THE FIRM, PRINTING NAME AND TITLE BELOW THE SIGNATURE. IF APPLICANT IS AN INDIVIDUAL SEEKING INSURANCE FOR PERSONAL PURPOSES, THE FOLLOWING PARAGRAPH APPLIES:

CREDIT REPORTING NOTICE

THIS ASSOCIATION, PURSUANT TO THE FAIR CREDIT REPORTING ACT, 15 U.S.C.S. SECTION 1681 ET SEQ., MAY DECIDE TO OBTAIN A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT FROM A CREDIT REPORTING AGENCY OR AGENCIES IN CONNECTION WITH THE UNDERWRITING OF INSURANCE FOR YOUR PROPERTY. ANY SUCH ACTION BY THIS ASSOCIATION WILL BE TAKEN IN COMPLIANCE WITH THE PROCEDURES SET FORTH IN THE FAIR CREDIT REPORTING ACT.

INSTRUCTIONS

(FOR DETAILED INSTRUCTIONS SEE PRODUCERS' OPERATIONS MANUAL)

1. PLEASE COMPLETE VIA THE ONLINE WEB APPLICATION ACCESSIBLE THROUGH THE PRODUCER PORTAL.
2. PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS APPLICATION.
3. APPLICANTS AND PRODUCER MUST SIGN AND DATE THE APPLICATION.
4. INCOMPLETE, ILLEGIBLE OR UNSIGNED APPLICATIONS WILL BE REJECTED.
5. INDICATE N/A IF AN ITEM ON THE APPLICATION IS NOT APPLICABLE.
6. A COMPLETED SUPPLEMENTAL PERSONAL PROPERTY APPLICATION MUST BE SUBMITTED WITH THIS APPLICATION IF THE SCHEDULED PERSONAL PROPERTY ENDORSEMENT IS REQUESTED.
7. A COMPLETED HOME COST ESTIMATOR WORKSHEET (MUA-RIA-HCE) MUST BE SUBMITTED WHEN REQUESTING HO 00 02, HO 00 03 OR HO 00 05.

NEW BUSINESS - IMMEDIATE COVERAGE

TENTATIVE PREMIUM (ITEM 7) MUST BE CALCULATED IN ACCORDANCE WITH THE PREMIUM COMPUTATION INSTRUCTIONS OF THE ASSOCIATION. ADJUSTMENTS TO THE PREMIUM, WHERE NECESSARY, WILL BE MADE AFTER AN INSPECTION OF THE PROPERTY.

APPLICATION BY MAIL OR HAND

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION WITH PAYMENT OF TENTATIVE PREMIUM. THE ASSOCIATION, UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE A PROOF OF INSURANCE OR POLICY DECLARATION. COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION. IF DESIRED, A LATER DATE MAY BE REQUESTED IN ITEM 7. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED.

APPLICATION VIA WEB OR FAX

VIA WEB, PRODUCER MUST LOGIN TO THEIR PRODUCER PORTAL TO ACCESS AND COMPLETE THE ONLINE WEB APPLICATION. IF SUBMITTING BY FAX, FAX TO THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION, AS WELL AS ALL APPLICABLE DOCUMENTS. THE ASSOCIATION'S TOLL FREE FAX NUMBER FOR IMMEDIATE COVERAGE ONLY IS: 1-800-932-6717

THE ASSOCIATION UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE VIA FAX A PROOF OF INSURANCE FORM AS EVIDENCE OF INSURANCE. THE PROOF OF INSURANCE FORM WILL INCLUDE THE POLICY NUMBER ASSIGNED BY THE ASSOCIATION, THE COVERAGE EFFECTIVE DATE, THE ANNUAL TENTATIVE PREMIUM DUE, AND THE PROOF OF INSURANCE ISSUE DATE. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED VIA FAX.

COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE FAXED APPLICATION IS RECEIVED BY THE ASSOCIATION, UNLESS A LATER DATE IS REQUESTED ON THE APPLICATION.

UPON RECEIPT OF THE PROOF OF INSURANCE FORM YOU MUST MAIL TO THE ASSOCIATION ONE COPY OF THE PROOF OF INSURANCE FORM WITH A PREMIUM PAYMENT CHECK INDICATING THE POLICY NUMBER TO WHICH THE PAYMENT APPLIES.

IF A COPY OF THE PROOF OF INSURANCE FORM AND THE PAYMENT OF THE TENTATIVE PREMIUM ARE NOT RECEIVED IN THE OFFICES OF THE ASSOCIATION WITHIN 10 DAYS OF THE PROOF OF INSURANCE ISSUE DATE, THE ASSOCIATION WILL ISSUE A NOTICE OF CANCELLATION.

PAYMENT OF PREMIUM

PAYMENT OF PREMIUM MAY BE MADE IN PERSON OR BY MAIL, BY CHECK, MONEY ORDER OR CASH. DO NOT MAIL CASH. ALL PAYMENTS MUST BE IMMEDIATELY NEGOTIABLE.

LICENSED AGENTS AND BROKERS MUST PAY ALL PREMIUMS IN FULL. DO NOT DEDUCT YOUR COMMISSION.

IF INSTALLMENT PAYMENT PROGRAM IS CHOSEN, A MINIMUM OF 25% OF THE TOTAL TENTATIVE PREMIUM MUST ACCOMPANY THIS APPLICATION WITH THE REMAINING THREE INSTALLMENTS DUE IN 60, 120 AND 180 DAYS FROM THE INCEPTION OF THE POLICY. IF PAYMENT IS NOT RECEIVED BY THE DUE DATE ON THE INSTALLMENT BILL, THE POLICY WILL BE CANCELLED.

PAYMENTS MUST BE MADE TO THE ORDER OF: **MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION**

NEW BUSINESS - NON-IMMEDIATE COVERAGE

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION. DO NOT MAKE PAYMENT WITH THE APPLICATION. IF THE PROPERTY IS FOUND INSURABLE, THE ASSOCIATION WILL ISSUE A NOTICE OF OFFER/PREMIUM INVOICE INDICATING THE PREMIUM DUE. COVERAGE BECOMES EFFECTIVE THE DAY THE PAYMENT OF PREMIUM IS RECEIVED IN THE OFFICE OF THE ASSOCIATION, OR A LATER DATE IF REQUESTED. IF THE PROPERTY IS FOUND UNINSURABLE, THE ASSOCIATION WILL ISSUE A SUBSTANDARD CONDITION NOTICE.

MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP) MA-MAP SUMMARY

MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP) IS A VOLUNTARY NETWORK OF PARTICIPATING HOMEOWNERS INSURANCE COMPANIES AND INSURANCE BROKERS ESTABLISHED TO ASSIST MASSACHUSETTS RESIDENTS IN OBTAINING HOMEOWNERS INSURANCE.

TO BE ELIGIBLE FOR CONSIDERATION BY MA-MAP, PROPERTY MUST BE ELIGIBLE FOR HOMEOWNERS INSURANCE AND MUST MEET MPIUA AND MA-MAP UNDERWRITING GUIDELINES. APPLICANTS WHO HAVE SUFFERED TWO OR MORE LOSSES WITHIN THE PAST 24 MONTHS OR APPLICANTS AGAINST WHOM A DOG BITE CLAIM, NOT INVOLVING TRESPASS, HAS BEEN FILED ARE NOT ELIGIBLE.

PROCEDURE: (1) TO BE CONSIDERED BY A MA-MAP PARTICIPATING INSURANCE COMPANY, COMPLETE, SIGN, AND SUBMIT THE ACORD 60 MA AT THE ADDRESS SHOWN ON THE FRONT OF THE ACORD 60 MA.

NOTE: IF YOU ARE SUBMITTING THIS NEW BUSINESS APPLICATION, INCLUDING AN APPLICATION FOR IMMEDIATE COVERAGE, FOR HOMEOWNERS INSURANCE TO THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION (MPIUA AKA FAIR PLAN) YOU MAY USE ACORD 60 MA TO REQUEST CONSIDERATION BY MA-MAP, ALSO BY SIGNING WHERE INDICATED ON THE FRONT OF THE ACORD 60 MA.

- (2) FOLLOWING AN INSPECTION, IF THE PROPERTY MEETS MPIUA AND MA-MAP UNDERWRITING GUIDELINES, THE APPLICATION WILL BE FORWARDED TO THE MA-MAP PARTICIPATING INSURER THAT IS NEXT IN ROTATION (FIRST INSURER). PARTICIPATING INSURER USES ITS OWN UNDERWRITING GUIDELINES TO DECIDE WHETHER TO PROVIDE INSURANCE. IF THE RISK IS ACCEPTABLE, THE INSURER NOTIFIES THE APPLICANT/BROKER AS PER ITS PROCEDURE. ACCEPTED APPLICANTS ARE OFFERED ONE OF THE PARTICIPATING INSURER'S OWN FILED AND APPROVED HOMEOWNERS POLICY FORMS USING INSURER'S RATES.
- (3) IF THE FIRST INSURER DECLINES THE RISK, THE APPLICATION IS FORWARDED TO A SECOND PARTICIPATING INSURANCE COMPANY (SECOND INSURER) FOR THAT COMPANY'S REVIEW. SECOND INSURER FOLLOWS THE SAME PROCEDURE OUTLINED FOR THE FIRST INSURER.
- (4) IF THE SECOND INSURER ALSO DOES NOT ACCEPT THE RISK, MA-MAP ADMINISTRATOR NOTIFIES THE APPLICANT AND BROKER OF THE DECLINATION AND RETURNS THE APPLICATION TO THE BROKER.

IMPORTANT: SUBMISSION OF A MA-MAP APPLICATION OR SUBSEQUENT INSPECTION OF THE RISK OR THE PROPERTY MEETING MPIUA AND MA-MAP UNDERWRITING GUIDELINES, DOES NOT GUARANTEE COVERAGE BY A PARTICIPATING INSURER. DURING APPLICATION PROCESS WITH THE MA-MAP, UNLESS AND UNTIL SUCH TIME AS A MA-MAP PARTICIPATING INSURER ACCEPTS AN APPLICATION, NO COVERAGE SHALL BE IN EFFECT THROUGH MA-MAP. IF AN APPLICANT REQUIRES COVERAGE DURING THE PENDENCY OF THE MA-MAP APPLICATION, THE APPLICANT MAY APPLY FOR COVERAGE TO MPIUA AKA FAIR PLAN.

PRIVACY NOTIFICATION

We may disclose information to our Member Companies concerning you, your property and your policy in order to allow the Member Companies the opportunity to make an offer to you to insure your property. The information we may provide to Member Companies for this purpose could include, for example, your name, address, property description, inspection reports, policy information including policy limits, endorsements and deductibles and name and address of your insurer agent.