

HOW TO COMPLETE AN APPLICATION

- Access the application site by visiting <https://kyfairplan.onaipso.com/>
- Log in with your User ID (producer number) and Password.

Log In to Your Account

User ID:

Password:

Remember my User ID

[Forgot password?](#)

Producer Registration

This form is for agents licensed in the State of Kentucky who wish to register as a **new** producer with the Kentucky FAIR Plan

Kentucky FAIR Plan Reinsurance Association

The mission of the Kentucky FAIR Plan Reinsurance Association is to provide basic Dwelling Fire and Extended Coverage, Commercial Fire, Farm Fire and Homeowners insurance to property owners in the Commonwealth in accordance with the [Articles of Association](#). Any person, firm or corporation desiring insurance coverage who is unable to obtain such coverage directly from an Insurer may apply to the Association through a Producer licensed to do business in Kentucky.

The Kentucky FAIR Plan was originally formulated as a residual market mechanism pursuant to Kentucky Insurance Department Regulation I-F& C-43 Adopted August 12, 1968. The Plan has been continuously in effect since 1968 and has been subject to the provisions of KRS Chapter 304, Subtitle 35 since 1972.

All applications are subject to prior underwriting approval and coverage is not effective until the application is approved by the Underwriter.

Producers do not have binding authority.

Quick Quote

Select a line of business...

Submit a Claim

Make a Payment

- Each tab within the application work flow needs to be completed. If the information is not completed within each tab, a validation message will appear in red to the left, advising of the information needed. See example below:

Items for review

- Prevent Navigation**
 - Please enter Producer name.
 - Please enter Organization name.
- Informational**
 - Each item noted above must be addressed before the application can be submitted for underwriting consideration.

Application : QDWK000006
Term: 1/16/2017 - 1/16/2018

Requested Effective Date* 1/16/2017

Expiration Date 1/16/2018

Organization Select...*

Producer Select...*

INSURED TAB

- Complete all yellow shaded areas below on the Insured tab and add the following if applicable:
 - Additional Named Insured
 - Additional Insured
 - Mortgage Company, Contract Buyer/Seller, Additional Interest

- When adding a mortgagee, select “payor” if the premium is to be escrow billed.

Application : QDWK000006
Term: 1/16/2017 - 1/16/2018

Requested Effective Date* 1/16/2017
Expiration Date 1/16/2018
Organization Select...
Producer Select...

NAMED INSURED #1

Prefix Select...
Alternate Select...
First Name John
Middle Name
Last Name Doe
Phone Number (999) 999-9999
Email

LOCATION ADDRESS

Street 1 100 Main
Street 2
City Louisville
State Kentucky
Zip 40202
County City of Louisville

Verify Address

MAILING ADDRESS

Same as location
Street 1
Street 2
City
State Kentucky
Zip

Verify Address

DISCLAIMER This is not a binder of coverage. This application does not constitute an acceptance or approval of coverage. Underwriting acceptability is guided by the underwriting rules and information included on the application. This is an estimated premium based on information included in the quoting parameters. The final premium is based on rates in effect at the inception date of the policy, information provided on the application and an inspection of the property, if made. The final premium included on the declaration will prevail.

*All applications are subject to prior underwriting approval and coverage is not effective until the application is approved by the Underwriter. The Requested Effective Date of the policy is subject to the Underwriter's approval.

ADDITIONAL NAMED INSURED

Add

MORTGAGE / ADDITIONAL INTEREST

Add Additional Party

*NOTE: Select "Payor" if the outstanding premium is to be billed to the financial provider. Full annual premium is required with the application or 25% down payment submitted by the insured. Payment plan will be selected within the Payment tab.

Save Application Cancel Application Continue

When completed proceed to the Dwelling tab or select “Continue”.

DWELLING TAB

Complete all yellow shaded areas.

<input checked="" type="checkbox"/> Insured	<input checked="" type="checkbox"/> Dwelling	<input checked="" type="checkbox"/> Survey	<input checked="" type="checkbox"/> Coverages	<input checked="" type="checkbox"/> Forms	<input checked="" type="checkbox"/> Claims	<input checked="" type="checkbox"/> Pricing	<input checked="" type="checkbox"/> Attachments	<input checked="" type="checkbox"/> Payment	<input checked="" type="checkbox"/> Signature
---	--	--	---	---	--	---	---	---	---

Application : **00W000065**
Term: 4/1/2017 - 4/1/2018

Save Application Cancel Application Previous **Continue**

SELECT LINE OF BUSINESS

Line Of Business: Dwelling Fire
Form Type: DP-1 (Basic Form)

STRUCTURE

Structure Type: Dwelling
Construction Type: Frame
Foundation: Select...
Year Built: 1983
of Stories: 1
Ground Floor Square Footage: 5000
Current Market Value: \$1.00
Purchased within last 12 Mo.: No

CURRENT AND/OR PRIOR COVERAGE

New Risk to Agency: No
Does the applicant have active coverage?: No
Did the applicant have prior coverage?: No
Has the applicant had a lapse in coverage?: No
Is the property eligible for coverage in the standard market?: No
Reason for Submission: test

OCCUPANCY

Owner / Tenant Occupancy: Owner Occupied
of Families: 1 Family

FIRE DEPT INFORMATION

Distance To Fire Station: 0-5 Miles
Fire Department Staff: Paid
Fire Department Name: test
Feet to Hydrant: Less Than 1000 Ft
Protection Class: 2
Outside City Limits: No

HEATING

Primary Heating: Electric
Secondary Heating: Select...

Save Application Cancel Application Previous Continue

When completed proceed to the Survey tab or select "Continue".

SURVEY TAB

- Complete all yellow shaded areas.
- Additional pop-up boxes may need to be completed based upon the initial response.

The screenshot displays a survey application interface with the following sections and elements:

- Navigation Tabs:** Insured, Dwelling, Survey (highlighted), Coverages, Forms, Claims, Pricing, Attachments, Payment, Signature.
- Application Info:** Application : QDWK000065, Term: 4/1/2017 - 4/1/2018.
- Buttons:** Save Application, Cancel Application, Previous, Continue (highlighted).
- UNDERWRITING QUESTIONS:**
 - 1. Roof Condition: Good
 - 2. Condition of Other Structures: Good
 - 3. Condition of Chimney(s): Good
 - 4. Physical Condition: Good
 - 5. Housekeeping: Good
 - 6. Yard Cluttered?: No
 - 7. Gutters and Downspouts in Poor Condition or Missing?: No
 - 8. Walks, steps, porches or railings cracked, raised, or in need of repair?: No
 - 9. Any Buildings in Need of Paint?: No
 - 10. Any Repairs Needed?: No
 - 11. Any Remodeling or Additions?: No
 - 12. Is there a Trampoline on the Premises?: No
 - 13. Any Business Conducted on the Premises?: Yes
 - 13a. Describe Business Conducted: (Pop-up box)
 - 14. Any Farming or Livestock?: No
 - 15. Any Evidence of Vicious or Aggressive Animals?: No
 - 16. Is Property Secured?: Yes
 - 17. Is Property Accessible for Fire Equipment?: Yes
 - 18. Is The Water Supply Accessible to Fire Equipment?: Yes
 - 19. Are utilities currently connected and active?: Yes
 - 20. Is Property Being Rehabilitated?: No
 - 21. Woodstove?: No
- GENERAL QUESTIONS:**
 - Plumbing Material: Copper
 - Roof Type: Composition
- ELECTRICAL:**
 - Wiring Type: Circuit Breakers
 - Amperage: (Empty field)
- SPRINKLER:**
 - Are there automatic sprinklers in all areas including attic: No
- SWIMMING POOL:**
 - Is there a swimming pool on the premises?: No
 - Is there a hot tub on the premises?: No
- RENOVATIONS:**
 - Heating Renovations: N/A
 - Plumbing Renovations: Partial (Pop-up box)
 - Plumbing Year: (Empty field)
 - Roofing Renovations: N/A
 - Wiring Renovations: N/A

A red box labeled "Example of Pop-Up Boxes" points to the pop-up boxes for question 13a and the Plumbing Renovations section.

When completed proceed to the Coverages tab or select "Continue".

COVERAGES TAB

- Complete all yellow shaded areas.

Application : QDWK000065
Term: 4/1/2017 - 4/1/2018

Save Application Cancel Application Previous Continue

COVERAGES

Perils	Fire, Extended Coverage, & V...
Dwelling Limit	\$75,000.00
Other Structures*	\$0.00
Personal Property	
Deductible	\$1,000

*The Policy includes 10% Other Structures coverage within the policy limits. If specific additional coverage is needed, an amount not exceeding 10% of the building coverage may be written.

CONDITION CHARGES

1. Unsafe arrangement of heating equipment	No
2. Unsafe or inadequate electrical wiring or fuse boxes	No
3. Conversion or sub-division of original living space	No
4. Poor physical condition of building or need of repair	No
5. Poor housekeeping in yards, basements, hallways or attics	No
6. Vacancy or unoccupancy	No

ELIGIBILITY REMINDER

Mobile Homes are only eligible for coverage consideration under the DP1 product.
Vacant Risks are only eligible for coverage consideration under the DP1 product.
A dwelling with **more than two family residences** may only be written through a **DP1 or DP2** product.

For further information please follow the links below to our manuals for coverage descriptions and listed perils.

Dwelling Fire Manual Homeowners Manual Farm Fire Manual Commercial Manual

Save Application Cancel Application Previous Continue

Above you will notice the manuals that are available for viewing. Click on the manual of your choice to view underwriting guidelines and rules.

When completed proceed to the Forms tab or select "Continue".

FORMS TAB

- Risks located in a qualified mine subsidence county automatically receive mine subsidence coverage unless coverage is rejected.
- Mine Subsidence coverage can be rejected by clicking the box next to "Yes".
- Selecting "Yes" to the question: Do you wish to reject mine subsidence coverage? will enable the mine subsidence rejection form. Signatures are required in order to reject mine subsidence coverage.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application : QDWK000111
 Term: 1/19/2017 - 1/19/2018

Your property is located in an eligible mine subsidence county. Coverage will be added unless rejected and a waiver is completed. Do you wish to reject mine subsidence coverage? Yes

SELECTED ENDORSEMENTS

Description	Remove
KYPACT (07-01) Privacy Notice	
DP 00 01 (12-02) Dwelling Property 1 - Basic Form	
DP 04 88 (06-11) Mine Subsidence Coverage	
KFP 15 1 (05-12) Special Provisions - Kentucky	

100 items per page 1 - 4 of 4 items

Selecting Earthquake Coverage

- Earthquake coverage may be added by endorsement for Dwelling and Homeowners only.
- Select the box and select "Add Selected Endorsements".

AVAILABLE ENDORSEMENTS

Select	Description	Add	Allowed	Info. Required
<input checked="" type="checkbox"/>	DP 04 69 (12-02) Earthquake	<input type="text"/>	1	<input checked="" type="checkbox"/>

10 items per page 1 - 1 of 1 items

- Choose the deductible options available from the drop down box.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Reports
 UWActions

Policy : HPK0600002
 Term: 12/15/2017 - 12/15/2018
 Change Eff. Date : 12/15/2017 12:00:00 AM

SELECTED ENDORSEMENTS

Description	Remove
KYPACT (07-01) Privacy Notice	
HO 00 02 (05-11) Homeowners 2 - Broad Form	
HO 04 26 (05-11) Limited Fungi, Wet or Dry Rot, Or Bacteria Coverage	
<input checked="" type="checkbox"/> HO 04 54 (05-11) Earthquake <div style="margin-left: 20px;"> Deductible: <input type="text" value="Select a value"/> </div>	<input type="button" value="remove"/>
HO 04 81 (05-11) Actual Cash Value Loss Settlement	
KFP 14 2 (05-12) Special Provisions	

 100 items per page
 1 - 6 of 6 items

- **Deductible Options**

Deductible:

- Select a value
- 5%
- 10%
- 15%
- 20%
- 25%

When completed proceed to the Claims tab or select "Continue".

CLAIMS TAB

- If there are no claims, indicate same and proceed to the Pricing tab or select "Continue".

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

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

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.

- If there are claims, select "Yes" from the drop down box and complete the claims history.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

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

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 history.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

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

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.

Remove	Date of Loss	Status	Type	Describe the loss in detail and include the location address	Amount of Damages	Repairs Completed

- Enter loss history information.

The screenshot shows a web form titled "Add Loss" with a close button in the top right corner. Below the title bar is a blue header with the text "ENTER LOSS". The form contains the following fields and controls:

- Date of Loss:** A text input field with a calendar icon to its right.
- Status:** A dropdown menu with "Select..." as the current selection.
- Type:** A dropdown menu with "Select..." as the current selection.
- Description:** A large text area with the prompt "Describe the loss in detail and include the location address".
- Amount of Damages:** A text input field.
- Repairs Completed?:** A dropdown menu with "Select..." as the current selection.

At the bottom of the form are two buttons: "Save" and "Close".

- To add additional losses, once the first is saved, select the "Add Loss" button again.

When completed proceed to the Pricing tab or select "Continue".

Pricing Tab

- Selecting the Pricing tab calculates the total Estimated Policy Premium.
- If any corrections or revisions are made after selecting the Pricing tab, YOU MUST SELECT THE PRICING TAB AGAIN TO RERATE THE POLICY.

Application : QDWK000065
Term: 4/1/2017 - 4/1/2018

Coverage Form: DP-1 (Basic Form)
Perils: Fire, Extended Coverage, & Vandalism and Malicious Mischief

Dwelling Limit	\$75,000.00	
Fire		\$320.00
Extended Coverage		\$190.00
Vandalism and Malicious Mischief		\$10.00
Other Structures Limit		
Fire		\$0.00
Extended Coverage		\$0.00
Vandalism and Malicious Mischief		\$0.00
Personal Property Limit		
Fire		\$0.00
Extended Coverage		\$0.00
Vandalism and Malicious Mischief		\$0.00
Endorsements		
Mine Subsidence Premium		\$16.00
KY Premium Surcharge of 1.8%		\$9.65
Deductible	\$1,000.00	
Estimated Policy Premium		\$545.65

When completed proceed to the Attachments tab or select “Continue”.

ATTACHMENTS TAB

- Select “Upload” to attach items such as photos, appraisals and/or purchase documentation.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application :

 Term: 4/26/2019 - 4/26/2020

Upload

Document Description	Type
No items to display	

10 items per page

Required Information

1. Clear, current photographs of the property that show all four sides and the roof are **required**.
2. Purchase/Sales agreement is **required** if the property was purchased within the past 12 months.
3. Fire Investigation Report is **required** if the applicant has had a fire loss within the last 5 years.
4. PVA may expedite processing time of the application.

Please attach all supporting documentation by clicking the "Upload" button.

When completed proceed to the Payment tab or select "Continue".

PAYMENT TAB

Applying a payment:

- Choose Primary Payor – Named Insured &/or Mortgage Company if escrow bill.
- Select box that is appropriate for the desired payment plan. This will provide the installment premium that is applicable, including the installment fee.
- Select the green box "Add Payment".
- A pop-up payment box will appear.

Insured
 Dwelling
 Survey
 Coverages
 Forms
 Claims
 Pricing
 Attachments
 Payment
 Signature

Application :

 Term: 4/26/2019 - 4/26/2020

Making a payment today via Debit / Credit / E-Check may expedite processing time of your application.

BILL PLANS (Pay plans excluding 'Full Pay' are subject to \$4.00 installment fee.)

Mortgagee billed policies require full payment or 25% down payment of estimated annual premium.

Primary Payor:

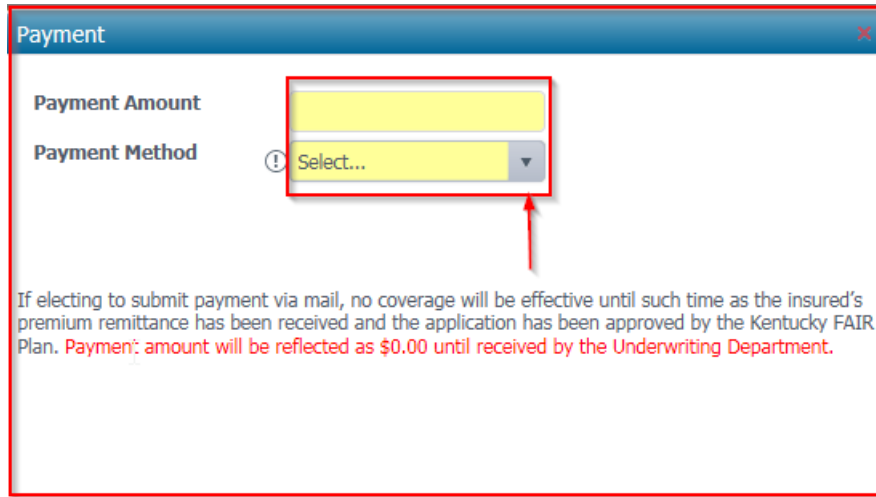
	Description	Direct Bill	Premium	Number of Payments	Payment Percentage	Fee Per Installment	Total Amount Due with Application*
<input type="button" value="select"/>	Full Pay - Insured	Insured	\$968.12	1	100 %	\$ -	\$968.12
<input type="button" value="select"/>	2 Pay - Insured	Insured	\$968.12	2	50 %	\$ 4.00	\$488.06
<input type="button" value="select"/>	4 Pay - Insured	Insured	\$968.12	4	25 %	\$ 4.00	\$246.03
<input type="button" value="select"/>	5 Pay - Insured	Insured	\$968.12	5	20 %	\$ 4.00	\$197.64

Estimated Policy Premium:

Amount	Payment Method	Reference Number	Create Date

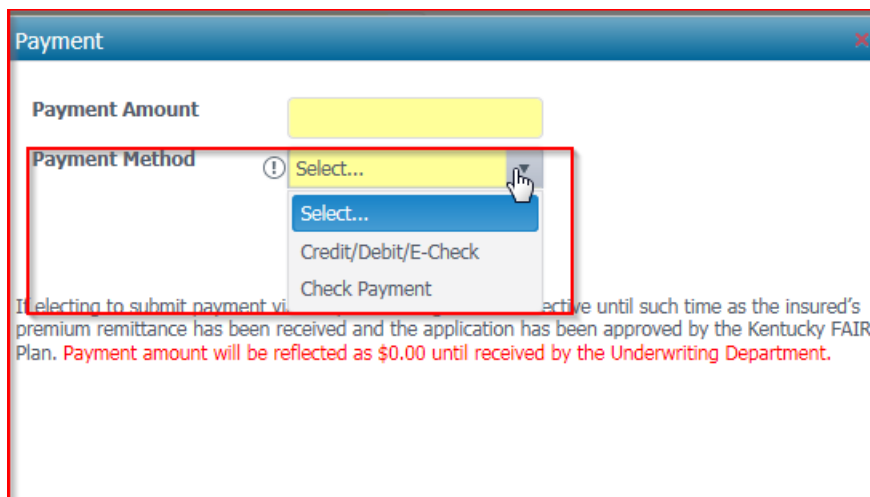
Pop-Up Payment Box

- Enter the “Payment Amount” provided, based on the payment plan desired.
- Select the “Payment Method”.



The screenshot shows a window titled "Payment" with a blue header and a close button (X) in the top right corner. Below the header, there are two input fields: "Payment Amount" and "Payment Method". The "Payment Amount" field is a yellow text box. The "Payment Method" field is a dropdown menu with a yellow background and a grey arrow on the right side. A red box highlights both fields, and a red arrow points to the dropdown arrow. Below the fields, there is a paragraph of text: "If electing to submit payment via mail, no coverage will be effective until such time as the insured's premium remittance has been received and the application has been approved by the Kentucky FAIR Plan. Payment: amount will be reflected as \$0.00 until received by the Underwriting Department."

- If Check Payment is selected, the amount entered in the “Payment Amount” box will default to \$0. You will need to mail the check along with the application to the Kentucky FAIR Plan. The underwriter will apply the check to the policy at the time coverage is bound.



The screenshot shows the same "Payment" window as above, but with the "Payment Method" dropdown menu open. The dropdown menu is yellow and contains four options: "Select...", "Credit/Debit/E-Check", and "Check Payment". A mouse cursor is hovering over the "Select..." option. The "Payment Amount" field is now filled with a yellow background. The same paragraph of text is visible at the bottom of the window.

Important Note: You must complete each tab before you can proceed to the Signature tab. If any tabs remain red, you will need to revisit the tab and complete the required information.

After you have signed the application you cannot modify the information on the application.

SIGNATURE TAB

- **Select the green “Sign Document” button to sign the application.**

The screenshot shows a navigation bar with tabs for Insured, Dwelling, Survey, Coverages, Forms, Claims, Pricing, Attachments, Payment, and Signature. The Signature tab is highlighted with a red box. Below the navigation bar, the application details are displayed: Application : QDWK000065, Term: 1/19/2017 - 1/19/2018. There are buttons for Save Application, Cancel Application, and Previous. The main content area contains several paragraphs of text, including a disclaimer and a warning: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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." At the bottom, there is a green button labeled "Sign Document(s)" and a red arrow pointing to it with the text "Once signed, the application cannot be modified."

- **Follow the steps to complete a successful signing of the application.**

The screenshot shows the DocuSign interface. At the top right, there is a "Proceed" button. Below the button, there is a list of steps to complete the digital signature process:

- Step #1: Please select the **YELLOW CONTINUE** button to begin; the applicant will electronically sign the form first.
- Step #2: The applicant will then select the **YELLOW** button titled **START**.
- Step #3: After selecting a signature font, the applicant will select "Sign" to execute the document.
- Step #4: Select the **YELLOW FINISH** at the bottom of the window.
- Step #5: The applicant will lastly select the "Proceed" button to continue.
- Step #6: The producer will now electronically sign the form following the same steps as the applicant.

- Once all tabs are green, you may select ‘Proceed’ and continue to the “Submit Referral” button.

SUBMIT REFERRAL

- Select the “Submit Referral” button.



Quote : QDWK000007
Term: 4/26/2019 - 4/26/2020

Save Application Cancel Application **Submit Referral** Previous

The application process is now complete. You will receive notification once the policy has been bound, if additional information is needed or if the application has been returned, rejected or cancelled.