



MINE SUBSIDENCE INSURANCE APPLICATION

EACH STRUCTURE REQUIRES A SEPARATE APPLICATION

INSTRUCTIONS ARE ATTACHED. PREMIUM RATES ARE ENCLOSED. IF YOU NEED ASSISTANCE, CALL 1-800-922-1678.

Section A: Owner (Provide names as they appear on the Deed.)			
Type of Ownership: (Check One) (required)	<input type="checkbox"/> Individual <input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Association <input type="checkbox"/> Individual with Condo	<input type="checkbox"/> Company – SSN <input type="checkbox"/> Corporation
Owner(s) as Listed on the Deed: (required)			
Association Name: (required for Individuals with Condo.)			
Last four (4) digits of SSN or EIN Number: (required)	_____	Date of Birth of oldest deeded property owner: (required if primary residence) See instructions for senior discount.	MM / DD / YYYY
Section B: Structure (Throughout this application the term “structure” refers to the structure under application.)			
Structure Address: (required)	Address: _____ _____		
	City: _____	State: PA	Zip Code: _____
County: (required)	_____	Municipality: (City, Borough, Township) (required)	_____
Year Built: (required)	Number of Stories: (required)	Date Purchased: MM / YYYY	Primary Residence of Person(s) on Deed: (required) <input type="checkbox"/> Yes <input type="checkbox"/> No
Structure Type: (check one) (required) (Each structure requires a separate application.)	<input type="checkbox"/> House <input type="checkbox"/> Condo or Co-op <input type="checkbox"/> Detached Garage	<input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile/Double-wide <input type="checkbox"/> Apartment/Rental	<input type="checkbox"/> Outbuilding <input type="checkbox"/> Barn <input type="checkbox"/> Other: _____
Multi-unit Structures only: (Example: Apartments, Condos, etc.)	Number of Units: <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 or more	Structure Configuration: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
Section C: Contact (Tell us how to contact you and where to send payment notices.)			
Mailing Address: (required)	Name: _____ Address: _____ _____		
<input type="checkbox"/> Same as Structure	City: _____	State: _____	Zip Code: _____
Telephone Number: (required)	Primary: _____	Secondary: _____	
Email Address: _____	Receive policy renewals via Email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section D: Structure Condition (Coverage is dependent upon the accuracy of the following information.)			
Note: Failure to identify all pre-existing damage, be it structural or superficial, may result in voiding your policy. The MSI Fund reserves the right to require further documentation or actions to complete this application. Attach additional sheets of paper as needed for complete responses to questions.			
1. Is this structure a complete building? (Must contain a roof, walls and a foundation which firmly attaches the structure to the earth to be complete building. If the structure is under construction, check No and describe the current stage of its construction.) (required)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe the structure.			

2. Is any part of this structure used for business purposes? (required)

Yes No If **yes**, please estimate the percentage of the structure that is used for business purposes and explain the usage in detail. (Examples of businesses include business offices, wholesale shops, and retail shops.) **NOTE: A detached garage for a residence is 0%.**
_____ %

3. Are there any **damage(s)** or **problem(s)** with the **walls, floors, foundations or other structural components** due to past or present movement, shifting, deterioration, etc.? (Examples of damage include, but are not limited to: cracks or separations in walls, ceilings or floors; walls, floors, or ceilings out of level, plumb, or square (tilting or pitching); doors or windows not opening or closing properly, etc.) (required)

Yes No If **yes**, describe the extent, location, and approximate time damage(s) or problem(s) occurred.

4. Were any **repairs** ever made to your structure's foundation walls, basement floor, brickwork, porches, patios, walkways, etc., either by you, a previous owner, contractor or third party? (required)

Yes No If **yes**, describe the repairs in detail, including what was required, why, when, costs, etc.

5. Has there been any earth movement or stability problems such as ground cracks, depressions, landslides or slips, mine discharges or mine subsidence that have occurred on **your property or surrounding areas of your neighborhood?** (required)

Yes No If **yes**, describe the extent, location of, and approximate time damage(s) or problem(s) occurred. If damage(s) or problem(s) have been repaired, explain when and how they were repaired.

6. Have you ever filed a claim or reported damage(s) or problem(s) with the Mine Subsidence Insurance Fund, with your homeowner's insurance, or any third party such as a mine operator or another state or federal agency, regarding **ANY** damages or problems with your property? (required)

Yes No If **yes**, describe the extent, location of, and approximate time damage(s) or problem(s) occurred. If damage(s) or problem(s) have been repaired, explain when and how they were repaired.

Section E: Survey

Please tell us how you heard about Mine Subsidence Insurance in order for us to better inform the public about our program. (pick one) (required)

- | | | | | | |
|--|---|--|---|---|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Door Hanger | <input type="checkbox"/> Insurance Producer | <input type="checkbox"/> Internet | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Neighbor / Friend | <input type="checkbox"/> Radio News Story | <input type="checkbox"/> Radio Commercial | <input type="checkbox"/> TV Commercial |
| <input type="checkbox"/> TV News Story | <input type="checkbox"/> Mortgage / Realtor | <input type="checkbox"/> Previous Policyholder | <input type="checkbox"/> Other: _____ | | |

Section F: Signature

The undersigned represents that the information set forth in this "Property Owner Application for Mine Subsidence Insurance" is accurate and complete to the best of his/her knowledge and that he/she agrees to the terms of the Insuring Agreement. It is the sole responsibility of the applicant to determine the need for Mine Subsidence Insurance coverage. Policy premiums will not be refunded except for instances where a policyholder cancels coverage in accordance with the provisions of the Insuring Agreement. Coverage is not effective until the Mine Subsidence Insurance Fund (Fund) has received the payment of the premium and has completed its review of your application, which may include an inspection of your property. If a policy is issued pursuant to your application, you will receive a certificate of insurance effective from the date the application is received, unless otherwise provided in the application. If the application is rejected for any reason, any money you paid will be promptly refunded. Refer to the Insuring Agreement for coverage details.

The amount of insurance coverage may be subjected to later reductions, and premiums adjusted accordingly, if the Fund determines that the amount of insurance coverage requested is in excess of the current replacement value of the structure or current statutory limits, whichever is less. The insurance shall be void if, upon inspection of the structure, the Fund determines that either mine subsidence damage occurred prior to the request by the applicant for insurance, or the applicant by his actions or inactions is responsible for the failure of the Fund to inspect the structure.

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature (required)	Title (if applicable)	Date
Signature (if applicable)	Title (if applicable)	Date

Section G: Coverage and Payment

Note: Coverage cannot exceed 120% of the replacement cost of the insured structure or \$500,000, whichever is less. "Incidental Costs" and losses to "Appurtenances" are included in your coverage. (See Sections 1.A. and 1.E. of the MSI Insuring Agreement.) ***If you do not know the replacement cost/value of your structure, check the dwelling amount in your homeowner's insurance policy. Premium rates are enclosed.***

Please provide the closing date if you are in the process of purchasing this structure: ___ / ___ / ___
MM DD YYYY

If paying by check or money order make payable to the **Commonwealth of Pennsylvania** and mail to:

**MINE SUBSIDENCE INSURANCE
CALIFORNIA TECHNOLOGY PARK
25 TECHNOLOGY DRIVE
COAL CENTER PA 15423**

\$ _____ Coverage	\$ _____ Premium
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Please complete the information below if paying by Credit Card:

Select Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number:

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Expiration Date:

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 Card Security Code:

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Month Year

*The security code for Visa, MasterCard or Discover is the last set of three numbers on the back of the credit card.

*The security code for American Express is the four digit number located on the front of the card.

Billing Address: Name on Card: _____
(required) Address: _____
 Same as Mailing _____
City: _____ State: _____ Zip Code: _____



MINE SUBSIDENCE INSURANCE INSTRUCTION SHEET

Section A: Owner

All titled owners listed on a property's deed are owners of a Mine Subsidence Insurance (MSI) policy. The first owner listed will be identified in our computer system as the primary owner. This is needed for reference purposes only and does not impact the ownership of the policy.

A 10% senior citizen discount will be given if any of the homeowners are age 65 or older on the effective date of coverage, and the structure is their primary residence. Providing a birth date will allow you to automatically receive the discount premium rate when eligible.

Condominium and cooperative law requires that the association be named as the insured no matter who pays for the policy. However, you may apply for coverage for your unit if your association refuses to purchase coverage. The policy will only provide coverage for the unit identified as the "Structure" in Section B of the application. Both you and the association will be listed as policyholders. If a claim is paid, both you and the association will be named on the settlement proceeds check. The association is required by law to use the proceeds to first repair the common elements of the insured unit before any non-common elements of the insured unit are repaired.

Section B: Structure

Multi-Unit Structures:

- Horizontally configured multi-unit buildings, such as row of townhomes (only attached by common walls), may at the owner's discretion, be covered under one or multiple policies.
- Vertically configured multi-unit buildings, such as high-rise buildings (attached at the floors and ceilings), are always considered one structure and must be written under one policy. If your vertically configured multi-unit building has a replacement value of more than \$500,000, you should contact the insurance producer who writes your property and casualty coverage and ask for mine subsidence insurance coverage in excess of that offered by the MSI Fund.

Section C: Contact – Complete as instructed.

Section D: Structure Condition – Complete as instructed.

Section E: Survey – Complete as instructed.

Section F: Signature

The following signatures are required for the following ownership types:

- Individual – deeded property owner (note: only one signature is needed);
- Estate – Executor; Trust – Trustee;
- Corporation – President or Vice-President AND Secretary, Treasurer, Assistant Secretary or Assistant Treasurer;
- General Partnership – at least one partner;
- Limited Partnership – at least one general partner;
- Individual Business Owner – individual business owner;
- Association (Incorporated) – President or Vice-President AND Secretary, Treasurer, Assistant Secretary or Assistant Treasurer; and
- Association (Not Incorporated) – Individual who has been authorized to sign for the board.

Section G: Coverage and Payment

If you are in the process of buying this structure, your policy will become effective on your closing date.