

1140 Harding

check for \$234.00 must accompany this
application, made to Iowa Fair Plan

IOWA FAIR PLAN

317 Insurance Exchange Building
505 - 5th Avenue
Des Moines, Iowa — 50309
Phone Area Code 515-243-0109

APPLICATION FOR PROPERTY INSURANCE PLACEMENT (Submit Separate Application for Each Location)

This application does not constitute a binder of insurance.

Use typewriter or write legibly in ink. If item not applicable, write none.

BOARD OF TRUSTEES, DORK LODGE #30 F+AM, C/P

1. Full name of applicant(s) *N-T CORPORATION, T/H* (First) (Middle) (Last)

1a. (Check One) Owner Tenant Owner-Occupant Occupied *Vacant
*If Vacant Give Reason and Time Vacant

2. Name and Title of Official if Applicant is Corporation or Firm Name }
or Full names of all beneficiaries under Trust Agreement }

3. Mailing Address of Applicant *1617 Crocker St. Des Moines Iowa*
No. Street Town County State Zip

4. Name and Address of Applicant's Authorized Representative, if any (other than Insurance Agent)

5. Address of Property *P*
No. Street Town County State Zip

6. Use of Property *Lodge Hall 2nd 1st Vacant*

7. Name and address of Mortgage () and/or Loss Payee ()

8. What is the full insurable value of the property?
(Replacement Cost Less Depreciation) \$ _____ on building.
\$ _____ on contents.
9. Amount of insurance you want the Facility to consider at this time \$ *25,000* on building.
\$ _____ on contents.

9a. If contents, give nature and location in building

10. *Just purchased Property*

Present or prior Insurers (Use Extra Sheet, If Needed)	INSURER NAME	INSURER NAME	INSURER NAME
Coverage amount	Building		
	Contents		
Annual Rates	Building		
	Contents		
Coinsurance percentage	<i>80%</i>		
Annual Premium			
Expiration or cancellation date			
Has present insurer sent notice of intent to cancel or not renew?			

11. Give the applicant's 5 year loss record for fire and extended coverage perils.
Loss History-Amount, Date, Cause
None

12. Has applicant previously applied to Facility for this location? Yes No..... If yes, give reason for this application

13. Name and phone number of the person the inspector may contact, if necessary

15. In consideration of the Fair Plan agreeing to undertake an inspection or inspections and other actions related to possible placement of the described property for property insurance purposes, I (we) understand and agree:
- (a) To accompany your inspectors while they inspect the above-described property;
 - (b) That the submission of this application in no way requires or binds any company to provide insurance on the above-described property;
 - (c) Inspection(s) made pursuant to this application or in any way connected with the Iowa Fair Plan, and any report or recommendation made in connection with such inspection(s) are only to evaluate the above-described property for property insurance underwriting purposes.
 Inspections, reports or recommendations made pursuant to this application are not designed for or for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or non-existence of hazardous conditions upon the above-described or contiguous property.
 Any responsibility to effect compliance with recommendations made pursuant to any inspection is solely that of the applicant;
 - (d) I (We) hereby authorize and permit you and your representatives to submit copies of any inspection or action report(s) to members or representatives of the Fair Plan,
 - (e) Without limiting any rights granted under the Iowa Fair Plan, I (we) hereby agree to make no claim of any nature, direct or consequential, against the Comm. of Ins. for the State of Iowa, members of his staff, the State of Iowa, or any of its representatives, the Iowa Inspection Bureau, the Iowa Fair Plan and, except for claims on any policy of insurance which may be issued, any insurer member of the Plan, and the agents, employees or representatives of any of the foregoing, for or on account of or in any manner growing out of any inspection(s) or subsequent processing of the application or any omissions or neglect in connection therewith, and any such claims which I (we) have or which may hereafter accrue are released and waived;
 - (f) I (We) hereby certify that I (we) have been unable to obtain the insurance requested in this application through the normal insurance market;
 - (g) That this completed application be attached to and become part of the policy(ies), if any, issued pursuant hereto.

YOUR SIGNATURE ON THIS APPLICATION IS MADE UNDER OATH

Failure to disclose required information may prejudice your application. All answers are warranties, therefore, make certain that each question is answered correctly before you sign this application form.

I (We) hereby agree to pay all premiums when due, and designate Roy J. Eide Agency Inc. as producer of record for this insurance. I (We) understand he is not acting as an agent of any insurer for the purposes of this application and has no authority to bind insurance.

STATE OF Iowa }
 COUNTY OF Polk } SS:

I (We) _____, the undersigned being duly sworn, depose and say that the above statements, including all sections of this application, are true.

Subscribed and sworn to before me

this 31 day of Aug 19 70 _____
 Signature of Applicant

Notary Public Signature and Seal

My Commission expires _____

I, Roy J. Eide, do hereby certify that I am a licensed agent

Iowa State } agent
~~broker~~

License No. E0205 expiring 3-31-71, 19____

I have explained the provisions of the Iowa Fair Plan to the Applicant. In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of such return premium.

ROY J. EIDE AGENCY INC.

BY Roy J. Eide Signature of Producer of Record 403 Securities Bldg., Des Moines, Iowa 50309 Address of Producer of Record (include Zip No.)