

APPLICATION FOR INSURANCE ON PROPERTY IN THE "BEACH AREA" OF NORTH CAROLINA	APPLICATION FOR WINDSTORM & HAIL COVERAGE ON THE PROPERTY IN THE SEACOAST AREA OF NORTH CAROLINA
TO: North Carolina Insurance Underwriting Association P.O. Box 8009 • Cary, North Carolina 27512 (919) 821-1299 • (800) 662-7048	- IMPORTANT - <u>This Application Is Not a Binder of Insurance.</u> Please complete every item with answers typewritten or printed legibly in ink. If answer is "None", show "None."

NCIUA-

All Applicable Items Must Be Completed. Incomplete Applications Will Be Returned.
(Supplemental Application/Inspection Form BP-16, must accompany this application.)

All persons or entities having an insurable interest in the property who are to be insured by an Association policy must be listed under "Name of Applicant" and must sign the Application either in person or through authorized representative.

1. Name of Applicant _____ Owner Unoccup. Seasonal Tenant Vacant Non-Seasonal **Bill to:** Policyholder Mortgagee

Complete **UNOCCUPANCY/VACANCY QUESTIONNAIRE** (BP-17) if 50% or more Vacant or Unoccupancy. (If Builders Risk attach AP-15)
IF APPLICANT IS CORPORATION, PARTNERSHIP, TRUST OR HOLDING COMPANY – COMPLETE CORPORATE APPLICANT’S QUESTIONNAIRE (FP-18)

2. Mailing address of applicant _____

3. The Applicant or his authorized representative must accompany the inspector during the inspection if other than dwelling.

Name of applicant’s authorized representative, if any, _____

Applicant or Authorized Representative will accompany the inspector and may be reached at (_____) _____ to make an appointment.

4. Property for which insurance is desired is Dwelling Commercial, nature of business _____

Street Name and Number: _____

City or Town: _____ County: _____

Fire District: _____

5. Actual Cash Value of Property for which insurance is desired: Building \$ _____ Contents \$ _____

6. INSURANCE APPLIED FOR:

DWELLING..... DP1 Fire & Ex. Cov. Fire, Extended Cov. & V&MM
DP2 (Attach Form AP-42 Replacement Cost Application) DP2 & Form DP0476

COMMERCIAL.... Fire, Lightning & Explosion Vandalism Sprinkler Leakage
Business Income
Windstorm or Hail, Smoke, Aircraft & Vehicles, Riot or Civil Commotion, Sinkhole Collapse, Volcanic Action
Breakage of Glass; Falling Objects; Weight of Snow, Ice or Sleet; Water Damage from Broken Pipes; Collapse

WINDSTORM & HAIL ... Windstorm & Hail Only
Replacement cost; can only be provided if primary carrier provides replacement cost coverage.
Supplemental Form - Certificate of Essential Property Insurance, Form WH0005 is required.

Coverage Limits Desired: \$ _____ on Building **Deductible** **Coinsurance**
\$ _____ on Personal Property Standard (\$500 DW / \$1,000 Comm) 80% 100%
\$ _____ on Business Income Other _____ 90% None
(Commercial only - Submit Supplemental Application BI-A-3)

NAME AND ADDRESS OF: MORTGAGEE(S) LOSS PAYEE(S) _____

Please include Zip Code(s)

7. Mortgagee Questions (if applicable) Outstanding mortgage amount? \$ _____

Are mortgage payments overdue by three months or more? No Yes (explain)

Is property in foreclosure? No Yes (explain)

8. Are taxes against this property or business taxes unpaid or overdue for one year or more? No Yes (explain)

9. Has the applicant had a foreclosure, repossession, bankruptcy, judgment or lien during the past five years? No Yes (explain)

10. Present Insurance: Building \$ _____ Contents \$ _____ Expiration Date of Policy(ies) _____

Name of Insurer(s) _____

Insurance requested in this Application is to replace present coverage? Yes No Why terminated? _____

11. ____/____/____ Desired effective date of policy, if later than the Immediate or Interim Coverage date (subject to approval)

12. Amt. of Flood Ins. Maintained \$ _____ Name of Insurer & Policy No. _____

13. Is there any unrepaired damage at the location of the insured? No Yes (explain)

14. Are there any renovations in progress at the location? No Yes (explain)

15. Are all utility services maintained and paid to date? Yes No (explain)

16. Is the property the subject of any condemnation or public health or safety action or proceeding? No Yes (explain)

17. Was the structure for which insurance is desired (or contains contents for which insurance is desired) commenced on or after January 1, 1970? No Yes If YES, attach certificate from a local building inspector, contractor, engineer or architect that the structure is built in substantial accordance with the North Carolina Uniform Residential Building Code or the North Carolina Building Code, including the design-wind requirements therein. (Unless Association has received blanket certification from municipality.)

18. This request is made with the understanding that I (we), or my representatives, agree to accompany your inspectors while inspecting this property. I (we) understand that this application in no way binds the Association or any company to afford insurance on the described property. Inspection(s) made under the program and any report of the inspection(s) are for insurance underwriting purposes. Regardless of whether a policy is issued, neither the N.C. Insurance Underwriting Association nor the Inspection Vendor will be liable for any injury or damage claimed to arise from the inspection(s). Permission is granted to subject copies and any inspection or action report(s) to the North Carolina Insurance Department, Insurers and their agents or representative.

ANY MISREPRESENTATION OR ANY WILLFUL CONCEALMENT OF A MATERIAL FACT OR CIRCUMSTANCE HEREON MAY VOID THE POLICY BACK TO INCEPTION. By signing this application, I (we) certify that I (we) have an insurable interest in the property, and that all information contained herein is true and correct to the best of my (our) knowledge and belief. I hereby certify that there are no unpaid premiums due from the Applicant for Essential Property Insurance on this property.

I acknowledge that there is no flood coverage for this building or its contents under this policy and I understand that flood insurance is not written by the NCJUA or NCIUA and must be applied for and paid for separately.

Signature(s) of applicant(s) or Authorized Representative(s): _____

Print or type above names: _____

16. IF APPLICATION SUBMITTED BY APPLICANT'S (LICENSED) AGENT OR BROKER, FILL IN THIS SECTION

Name and Address of Agency _____

_____ Phone (____) _____

I hereby certify that I am a licensed North Carolina property and casualty agent or broker.

In the event of a situation resulting in a return premium due, I agree to return my proportionate share of commission on such return premium.

Signature of producer _____ Date _____ SS/Tax Identification No. _____