

NEW JERSEY WindMAP

P.O. Box 32340, Newark, NJ 07102

WindMAP SUPPLEMENTAL APPLICATION

To accompany Acord 80 or Acord 84 application

If you currently have a policy in force in the voluntary market or a legitimate offer to renew, then you are **NOT ELIGIBLE** for the WindMAP.

Please remember that an application to **WINDMAP DOES NOT GUARANTEE** placement of insurance. Insurance does not exist until all the insurer's application procedures are complete, and an insurer agrees to provide coverage and a binder has been issued.

NAME OF APPLICANT _____

ADDRESS OF PROPERTY _____ ZIP CODE _____

NAME OF PRODUCER _____ DIRECT/EXCLUSIVE AGENCY INDEPENDENT AGENCY

TAX I.D. # / S.S. # _____ PRODUCER LICENSE # _____

PRODUCER FAX # _____

A. ELIGIBILITY (There must be at least one yes response to questions 1 - 4 to be eligible)

1) Current Homeowners policy has been cancelled or non-renewed? Yes No

If yes, Attach copy of non-renewal or cancellation notice. (Skip questions 2 & 3)

2) The property was recently built, or newly acquired, or under contract to purchase. Yes No

If yes, Attach evidence of sale or other documentation of transfer. (Skip question 3)

3) Current insurance policy is a F.A.I.R. Plan policy, and eligible for continuation? Yes No

If yes, provide policy # _____ and expiration date _____. (Skip question 4)

4) The property is without any insurance coverage. Yes No Explain below or list other reasons for eligibility.

Other _____

5) List the names of three (3) admitted market insurers that declined to provide a Homeowners policy to the applicant, the name of each insurer representative contacted, and their reason for declining.

Circle **Y** if carrier is a participating Non-Exempt WindMAP carrier; Circle **N** if not. (Please attach a copy of the written declination by each WindMAP carrier.)

Insurance company		Representative's Name	Reason for Declination
	Y N		
	Y N		
	Y N		

B. UNDERWRITING

SITE

1) Distance in feet from mean high tide from each of the following:

OCEAN	CANAL	RIVER
BAY	LAGOON	OTHER

2) Any intervening structures (houses, buildings, etc.) or natural barriers (trees, dunes, etc.) between property and water?

Yes No

If yes, please specify type _____

of rows of intervening structures or natural barriers _____

Height of intervening structures or natural barriers _____

Distance between intervening structure and property _____

- 3) Flood Zone A B C V
- 4) Any Flood Insurance in force? Yes No
- If Yes, Policy Term: _____ Structure \$ _____ Contents \$ _____
- Base flood elevation: _____ Height of lowest elevated floor _____
- 5) Floor number of condo unit or apartment _____ Is unit facing seacoast? Yes No

STRUCTURE

- 1) Actual Cash Value of dwelling \$ _____
- 2) Do all windows have functional storm shutters? Yes No
- 3) Do all windows and sliding doors have tempered glass? Yes No
- 4) Is foundation free of cracks? Yes No
- 5) Is risk on pilings? Yes No
- 6) Any exterior window dressings (awnings, canopies, etc.)? Yes No
- If yes, please specify _____
- 7) Any roof attachments? (antennas, satellite dishes, solar panels, etc.)? Yes No
- If yes, please specify _____
- 8) Is chimney in good condition and free of cracks? Yes No
- 9) Type of siding (vinyl, aluminum, woodshingle, clapboard, etc.) _____

MILITARY SERVICE

- 1) Have you ever served in the U.S. military? Yes No
- If yes, please specify your status Active Retired Discharged Highest rank obtained _____
- 2) Was your Mother or Father a commissioned officer in the United States military? Yes No

C. SUPPLEMENTAL APPLICATION AFFIRMATION STATEMENT

Please read, sign and date the affirmation below:

I understand that submission of this application to NEW JERSEY WindMAP does not bind the New Jersey Insurance Underwriting Association or any company to provide insurance on the described property. I realize that an incomplete application or an application without supporting documents will be returned to me unprocessed. I recognize that an inspection may be made of this property. I understand that insurance on the described property does not exist until a binder has been issued.

I agree to hold harmless NEW JERSEY WindMAP, the Association, as its administrator, and any producer or company to which this application may be submitted, from all liability, losses, claims or expenses that I may incur by reason of their inability for any reason to obtain insurance coverage on the described property.

I have read this application and I declare that to the best of my knowledge and belief all of the statements are true and are offered as an inducement to the insurer to issue the policy for which I am applying. I recognize that any false or misleading information or failure to disclose information will be considered a lack of good faith and will void my coverage from date of inception.

I have received a copy of the Informal Referral Program list of Insurers.

APPLICANT'S SIGNATURE _____ DATE _____

WITNESS _____ DATE _____