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**COASTAL MARKET ASSISTANCE PROGRAM****▪ C-MAP Plan of Operations****A. C-MAP Defined.**

1. The Coastal Market Assistance Program (C-MAP) represents a network, made up of participating insurers and insurance producers, acting on a voluntary basis, operating under the express auspices of the Superintendent of Insurance and specific state action of the New York State Insurance Department (NYSID) and administered by the New York Property Insurance Underwriting Association (NYPIUA), in special efforts to assist voluntary market placement for homeowners living in New York's coastal areas who experience difficulty in obtaining proper insurance protection for their homes.

2. C-MAP is designed to act as a means of encouraging and enabling C-MAP insurers to write homeowners and/or NYPIUA wrap-around policies in C-MAP eligible areas on a voluntary basis, beyond the scope of such companies' normal underwriting guidelines. To this end, C-MAP shall seek specific commitments from participating insurers to consider and to underwrite homeowners and/or NYPIUA wrap-around policies for eligible applicants in C-MAP eligible areas through such companies' normal distribution methods, subject to special C-MAP procedures described herein.

In addition, C-MAP shall act as a clearinghouse and referral mechanism, utilizing the Coastal Market Access Reference Tables (C-MART), with a stand-by plan for submission, when necessary and appropriate, of eligible C-MAP applications for underwriting consideration by participating C-MAP insurers, subject to varying underwriting criteria and marketing approaches of such insurers.

C-MAP participating insurers shall be asked to make specific additional commitments to consider and underwrite homeowners and/or NYPIUA wrap-around policies for C-MAP eligible applicants in C-MAP eligible areas through the C-MAP application process.

3. Insurers participating in C-MAP shall make commitments to write in each of the first three years of C-MAP (the "active underwriting phase") and to continue C-MAP policies pursuant to the provisions of §3425 for their full three-year required policy period.

4. The total C-MAP commitment shall be to write 5,000 policies, spread over the active underwriting phase according to a formula approved by the Superintendent.

5. All licensed insurers writing homeowners insurance in New York State are encouraged to join C-MART and C-MAP. The goal of these voluntary efforts is to limit utilization of the residual market (NYPIUA), to those insurable risks with demonstrable adverse risk characteristics qualifying for residual market treatment.

6. While C-MAP is designed to provide serious and specific underwriting consideration of C-MAP eligible applicants, no guarantee of placement is made by C-MAP or by any participating C-MAP insurer or producer.

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7. A C-MAP participating insurer may file for special windstorm deductibles with the Superintendent of Insurance which may be used exclusively for policies written in fulfillment of its C-MAP commitments.

8. Risks written in fulfillment of an insurer's C-MAP commitment must be owner occupied. They may be one-to-four family dwellings, apartment units or condominium units and must be located in the counties of the Bronx, Kings (Brooklyn), Nassau, Queens, Richmond (Staten Island), Suffolk, or Westchester, and situated as follows:

(a) for Long Island's South Shore and areas along the shore of Brooklyn, Queens, Staten Island and Long Island's Forks, within one mile of the shore; or

(b) for Long Island's North Shore, the Bronx and Westchester within 2500 feet of the shore along the Long Island Sound.

9. The term "shore" refers only to salt-water ocean, sound, bay or inlet, with distance measured from normal high-tide mark.

**B. C-MAP Structure.**

1. C-MAP Steering Committee. C-MAP operations will be overseen by the C-MAP Steering Committee consisting of:

(a) one (1) member, representing the New York Property Insurance Underwriting Association (NYPIUA), who shall also act as chair of the Steering Committee;

(b) three (3) members, representing C-MAP participating insurers using the American agency system of market distribution;

(c) two (2) members, representing C-MAP participating insurers using exclusive agents or direct distribution methods;

(d) two (2) members, representing the Professional Insurance Agents of New York State, Inc. (PIANY) and Independent Insurance Agents Association of New York (IIAANY); and

(e) the Superintendent of Insurance or the Superintendent's designee.

More than one individual may represent an insurer or producer member at C-MAP Steering Committee meetings, but each such member will be entitled to one (1) vote in any business proceeding, except that the Superintendent or the Superintendent's designee shall be a non-voting member acting as a facilitator.

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2. C-MAP Administration. The C-MAP Administrator shall be NYPIUA, assisted by PIANY and IIAANY. As C-MAP administrator, NYPIUA shall be responsible for:

- (a) distribution of C-MAP application materials to consumers and producers which include procedures describing application requirements;
- (b) acting, where necessary, as an intermediary on behalf of a C-MAP participating insurer in connection with making and receiving appropriate payments and dealing with a C-MAP eligible applicant's broker-of-record, if any, in the event that such producer has no existing relationship with that insurer;
- (c) coordination of equitable C-MAP rotation procedures and notification of pertinent parties concerning C-MAP dispositions; and
- (d) periodic progress reports to the Superintendent of Insurance and C-MAP Steering Committee, about C-MAP application status and dispositions.

PIANY and IIAANY shall aid the C-MAP Administrator and Insurance Department in distributing C-MART and C-MAP information and C-MAP application materials to consumers and insurance producers, and in facilitating C-MAP's effective functioning.

**C. C-MART Procedures.**

1. C-MART lists insurers that indicate, in response to Insurance Law §308 inquiries by the Insurance Department, that they are willing to be identified as actively writing homeowners business and/or NYPIUA wrap-around policies for New York's shore communities in the voluntary insurance market, subject to their respective underwriting guidelines, specifying:

- (a) telephone numbers and addresses of their agent(s) or sales office(s) that consumers or insurance producers seeking coverage for homes in New York's shore communities can contact in order to access the insurer for consideration of coverage;
- (b) names of agents or individuals who are authorized by the insurer to make underwriting decisions and prepared to communicate with consumers or producers contacting an insurer's agents or sales office(s) as a result of C-MART;

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- (c) whether the insurer will entertain business on a limited producer-of-record basis;
  - (d) any underwriting criteria that would exclude broad segments of the general public;
  - (e) any underwriting restrictions regarding distance from shore, and
  - (f) such other information to help potential applicants understand the extent to, or ways in, which their homes might meet the insurer's underwriting guidelines.
2. The Insurance Department shall compile and update listings of C-MART insurers and their consumer access information, to be designated the "Coastal Market Access Reference Tables".
3. C-MART information shall be available to consumers and insurance producers, and shall be accompanied by a notice, in a form acceptable to the Insurance Department, describing:
- (a) policyholder protections under the Insurance Law;
  - (b) the steps taken by the Insurance Department to facilitate voluntary insurance market coverage for homeowners in shore communities, including windstorm deductibles and Wrap-Around protection;
  - (c) how to use C-MART to seek coverage; and
  - (d) how to make a C-MAP application, in the event coverage is not obtained after using C-MART.
4. C-MART listings are not necessarily exhaustive of all homeowners insurers actively writing business in New York's shore communities in the voluntary insurance market.

**D.(a) C-MAP normal distribution method procedure.**

1. C-MAP participating insurers shall commit to write a certain number of C-MAP homeowners and/or NYPIUA wrap-around policies representing a certain approximate level of direct insured value through their normal distribution methods. A C-MAP insurer's commitment should take into account the overall underwriting goals of the C-MAP program; the insurer's size; the insurer's homeowners market share in New York State; and the insurer's homeowners market share in coastal areas.

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2. Any insurer that receives a coastal application which does not qualify for issuance under its underwriting guidelines as of May 1995 may nonetheless decide to issue such policy for credit under the C-MAP program. A self-certification of such writings, attested to by an officer or other authorized representative of the insurer, shall be made pursuant to a form developed by NYPIUA, and shall include such attachments as may be required by NYPIUA.

3. C-MAP participating insurers shall designate an individual who shall be responsible to make periodic reports to NYPIUA as C-MAP administrator and to the Superintendent of Insurance as to the business the insurer has written in fulfillment of its C-MAP normal distribution method commitment.

**D.(b) C-MAP Formal Application Procedure; Eligibility.**

1. C-MAP participating insurers shall commit to write a certain number of C-MAP homeowners and/or NYPIUA wrap-around policies representing a certain approximate level of direct insured value through the C-MAP formal application procedure. A C-MAP insurer's commitment should take into account the overall underwriting goals of the C-MAP program; the insurer's size; the insurer's homeowners market share in New York State; and the insurer's homeowners market share in coastal areas. The C-MAP participating insurer must write one out of every four risks submitted to it by the C-MAP Administrator. Such acceptance shall be subject to the C-MAP insurer's normal underwriting criteria, exclusive of proximity to shore.

2. In order to be eligible to submit an application to NYPIUA as a C-MAP administrator for C-MAP placement, a homeowner must:

(a) have received notice that an existing homeowners insurance policy is being or has been nonrenewed or canceled for a reason other than premium non-payment, and provide a copy of that termination notice;

(b) in the case of property newly acquired or to be acquired, be currently without homeowners insurance for that property and identify the insurer, if any, providing coverage to the present owner/seller of the property; or

(c) be currently covered (including for windstorm peril) only through NYPIUA having first been insured in NYPIUA since January 1, 1993.

3. In order to be eligible to apply for C-MAP coverage on properties located in zones A and V, as defined by the "Federal Flood Disaster Protection Act" and the "National Flood Insurance Act", applicants must show evidence of flood insurance coverage. Such flood insurance coverage shall be for the actual cash value of the property, including contents, up to the maximum amount available under the Federal Flood program, and must be maintained in force during the C-MAP policy period.

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**E. C-MAP Submissions.**

1. In order to obtain C-MAP application materials and relevant information, insurance producers on behalf of consumers, or consumers without a producer-of-record, may contact:

- (a) NYSID Hotlines (212-602-0541, 800-522-4370, & 516-221-8064);
- (b) PIANY (T:800-742-6369 & F:518-434-2342);
- (c) IIAANY (T:800-962-7950 & F:315-432-9111);
- (d) NYPIUA (T:212-208-9898 & F:212-208-9861).

2. The C-MAP application (ACORD #80) shall be accompanied by:

- (a) names of any C-MART insurers or C-MAP participating insurers under the normal distribution method that declined the risk, specifying the individuals involved, dates declined and stated declination reasons;
- (b) in the case of nonrenewal or cancellation of existing coverage, a copy of the termination notice from the insurer that gave such notice;
- (c) in the case of newly acquired or to be acquired property the name of the insurer (if any) currently or formerly writing homeowners coverage on the property;
- (d) if a broker-of-record is designated by the consumer, a C-MAP broker-of-record form signed by the applicant and by that producer; and

3. The completed and signed C-MAP application, accompanied by the designated items, shall be submitted to NYPIUA, at the following address.

New York Property Insurance Underwriting Association  
ATTENTION: C-MAP Administrator  
P.O. Box 2336  
New York, New York 10272-2336

4. Upon initial review, incomplete C-MAP submissions will be returned to the broker-of-record or, if no broker-of-record is designated by the consumer, to the applicant, for completion and resubmission.

Applications for risks shown to be ineligible to submit a C-MAP application by reason of location, because the property is situated too far from shore, shall be returned with an explanation. Any dispute over distance of the property from shore shall be referred to the C-MAP Steering Committee.

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**F. C-MAP Rotation.**

1. All completed C-MAP applications shall be submitted to NYPIUA, which shall coordinate an equitable rotation plan of risks among participating C-MAP insurers, in the following manner:

(a) C-MAP applications and inspection reports will be transmitted by fax for consideration by the C-MAP insurer;

(b) Each C-MAP insurer will designate an individual to receive such applications;

(c) That designated individual will cause the application to be seriously considered by the C-MAP insurer for underwriting purposes and, within five business days from receipt of the application, indicate the insurer's decision to accept the risk (with or without a windstorm deductible), write a Wrap-Around policy, require compliance with recommendations, or reject it (if so, explaining why and noting any risk management recommendations).

(d) A C-MAP insurer will be expected to accept applications submitted to it through the rotation plan commensurate with its commitment. Such acceptance shall be subject to the C-MAP insurer's normal underwriting criteria, exclusive of proximity to shore.

2. In designing, implementing and adjusting an equitable C-MAP rotation plan, consideration should be given to such factors as the Superintendent of Insurance determines workable, in order to enhance C-MAP equity and efficacy.

3. In particular, the C-MAP Administrator shall exert best efforts to operate the C-MAP rotation in light of selections by each C-MAP insurer of one (or more) of four alternative approaches by which a C-MAP insurer may accept C-MAP eligible applications, as follows:

(a) through NYPIUA as C-MAP Administrator acting on the insurer's behalf as an intermediary for C-MAP purposes, in regard to a consumer's broker-of-record, not already the insurer's agent or representative, on a broker-of-record basis;

(b) through one (or more) licensed producers with whom the insurer has a contractual relationship, where the insurer designates such producer(s) to act on the insurer's behalf as a managing general agent for C-MAP purposes, in regard to the consumer's broker of record, with whom the insurer has no contractual relationship, on a broker-of-record basis;

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(c) from licensed producers with whom the insurer has existing contractual relationships; or

(d) from C-MAP eligible applicants who choose not to have producer representation.

4. Whenever a C-MAP insurer accepts a C-MAP risk, NYPIUA as C-MAP Administrator shall inform the broker-of-record or, if there is no broker-of-record, the applicant of the insurer's decision and the basis (windstorm deductible, wrap-around, etc.) on which the risk will be written. In the event that NYPIUA as C-MAP Administrator acts as an intermediary for a C-MAP insurer, and a C-MAP eligible risk is bound by that insurer, then, at the insurer's election:

(a) NYPIUA shall notify the broker-of-record and the consumer shall pay the gross premium to NYPIUA, which, in turn, shall promptly remit a reasonable commission to the broker-of-record and the balance of premium to the insurer; or

(b) the insurer shall establish with NYPIUA an alternative method, compatible with its normal billing and commission payment procedures, for billing and collecting premiums for the policy and, as described in H.1., transmitting the commission or servicing fee to NYPIUA.

5. When acting as an intermediary for C-MAP purposes on behalf of a C-MAP insurer, NYPIUA or the insurer's designated licensed producer shall send to the consumer's broker-of-record the policy and any endorsements, or copies of such documents if the originals are mailed directly to the insured, and a copy of every notice or other correspondence from the insurer to the insured with respect to such policy.

6. Loss history showing a demonstrable pattern of losses may be a valid basis for declining C-MAP placement of an eligible C-MAP applicant.

7. NYPIUA shall keep an accurate record of C-MAP rotation of applicants and C-MAP placement activity, and shall prepare and present a monthly status report on C-MAP activities to the C-MAP Steering Committee and Superintendent of Insurance, who may require reports on a more detailed or frequent basis.

8. Risks rejected by three (3) C-MAP insurers under the rotation plan shall be referred to the C-MAP Steering Committee, which shall review the results of the rotation. NYPIUA as C-MAP administrator shall promptly inform the homeowner and the broker-of-record (if any), of the rejection of the risk under the C-MAP formal application procedure.

9. If the C-MAP Steering Committee finds that a particular risk because of its nature and characteristics cannot or should not be placed in the voluntary market, it shall so inform the broker-of-record or (where no broker-of-record has been designated)

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the applicant, providing written explanation and indicating that coverage may be placed with NYPIUA, subject to its plan of operations.

**G. C-MAP Policies.**

1. A participating C-MAP insurer, when accepting a C-MAP applicant for placement, shall offer one of its filed and approved homeowners insurance contracts.

2. A participating C-MAP insurer may apply one of the following windstorm loss control procedures to a specific property:

(a) coverage may be subject to non-catastrophic or catastrophic windstorm deductibles, on an optional or mandatory basis, pursuant to a deductible plan filed with and approved by the Insurance Department; or

(b) coverage may be modified using a special Windstorm Wrap-Around endorsement, filed with and approved by the Insurance Department.

**H. C-MAP Commissions & Fees.**

1. Every C-MAP insurer accepting a C-MAP eligible application under the normal distribution method procedure or from a broker-of-record under the C-MAP formal application procedure shall provide coverage in accordance with Section 3425 of the Insurance Law and, unless the following applies, pay the insurer's submitting agent or that broker-of-record a commission in conformity with the insurer's filed rates for Homeowner's insurance:

(a) the insurer is precluded by contract or internal practice from paying a commission to a broker of record in this manner and pays a reasonable C-MAP servicing fee to NYPIUA, as C-MAP Administrator within 15 days of accepting the application, in an amount equivalent to the insurer's customary commission that would have been so paid and, in that event, NYPIUA, as C-MAP Administrator, shall pay over the C-MAP servicing fee to the broker of record; or

(b) the broker-of-record has already received a reasonable commission from NYPIUA as C-MAP Administrator acting on the insurer's behalf as an intermediary for C-MAP purposes or a reasonable share of the commission from one of its producers designated by the insurer to act on its behalf as an intermediary for C-MAP purposes.

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I. C-MAP Fiscal Arrangement.

1. NYPIUA shall absorb the expenses of administering C-MAP.
2. NYPIUA shall reimburse the reasonable expenses of PIANY and IAANY in connection with C-MART and C-MAP activities, to the extent such expenses are documented and approved by the Superintendent of Insurance.

J. Temporary Term of C-MAP.

1. C-MAP is established as a temporary market assistance program, which shall function only so long as deemed necessary by the Superintendent of Insurance.
2. The C-MAP Steering Committee shall at six-month intervals evaluate the need for continuing C-MAP and may recommend C-MAP dissolution to the Superintendent of Insurance, explaining the reasons justifying dissolution.
3. C-MAP dissolution shall be ordered only after written assent granted by the Superintendent of Insurance.
4. The Superintendent of Insurance may direct amendments to the C-MAP Plan of Operations as deemed necessary.

# Information for Producers and Insurers

The Coastal Market Assistance Program (C-MAP) is a network of participating insurance companies that have agreed to give special underwriting consideration in an effort to assist New York's coastal homeowners acquire insurance. C-MAP was created by the State of New York Insurance Department and is administered by New York Property Insurance Underwriting Association (NYPIUA).

There are two ways in which C-MAP coverage can be obtained. The first is "self-certification", where a company provides coverage through an agent with whom it has a contractual relationship. As a C-MAP participant, a company may accept an application for property that would not normally qualify under the company's proximity to shore underwriting guidelines. A special C-MAP application is not required. The application process follows normal company procedures. A company representative would then submit a "self-certification" form to NYPIUA for credit toward the company's voluntary C-MAP share.

The second method is "rotation". Here, C-MAP applications and Accord 80 homeowner's coverage applications are submitted to NYPIUA by agents, brokers or homeowners. These applications are reviewed for completeness and eligibility by NYPIUA and then transmitted to participating C-MAP companies for their consideration. A company may exercise all underwriting prerogatives except from proximity to shore when evaluating the submission. The company should advise NYPIUA of its coverage decision within five (5) days. Depending on internal policy, a company may submit commissions, policies, endorsements, and cancellation notices to NYPIUA for transfer or conduct business with the originating producer directly.

Submission of a C-MAP application does not guarantee placement of coverage. Insurance exists only after an insurer has agreed to provide coverage, all of the insurer's application procedures have been met, and a binder has been issued.

The following eligibility requirements must be met before a homeowner may submit an application for C-MAP:

- Property must be a one (1) to four (4) family owner-occupied dwelling, apartment unit, or condominium unit.
- Property must be located on Long Island's South Shore or along the shore of Brooklyn, Queens, Staten Island, and Long Island's Forks, within one (1) mile of the shore\*, or
- Property must be located on Long Island's North Shore, the Bronx, or Westchester, within 2500 feet of the shore.
- Except for new purchases, homeowners must have received a non-renewal, cancellation notice, or conditional non-renewal from their existing insurer for a reason other than non-payment.
- For new purchases, applicants are required to identify the present owner's insurer.
- Homeowners must have made at least three attempts to secure coverage.
- Homeowners must provide evidence of Flood Insurance if property is located in an A or V zone as indicated on Federal Flood Insurance Maps.

\*The term "shore" refers only to salt-water ocean, sound, bay, or inlet with distance measured from the normal high-tide mark.

If you would like more information or need a C-MAP application, please contact NYPIUA, C-MAP Administrator at (212) 208-9700.

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# Applicant Information

Applicants to C-MAP may apply directly or through their brokers or agents. Homeowners are encouraged to use the services of professional brokers and agents to assist them in their insurance transactions.

The following eligibility requirements must be met before a homeowner may submit an application for C-MAP:

- Property must be a one (1) to four (4) family owner-occupied dwelling, apartment unit, or condominium unit.
- Property must be located on Long Island's South Shore or along the shore of Brooklyn, Queens, Staten Island, and Long Island's Forks, within one (1) mile of the shore\*, or
- Property must be located on Long Island's North Shore, the Bronx, or Westchester, within 2500 feet of the shore.
- Except for new purchases, homeowners must have received a non-renewal, cancellation notice, or conditional non-renewal from their existing insurer for a reason other than non-payment.
- For new purchases, applicants are required to identify the present owner's insurer.
- Homeowners must have made at least three attempts to secure coverage.
- Homeowners must provide evidence of Flood Insurance if property is located in an A or V zone as indicated on Federal Flood Insurance Maps.

If you would like more information or want a C-MAP application mailed to you, please contact NYPIUA, C-MAP Administrator at (212) 208-9700.

To apply, complete the C-MAP application and the Homeowners ACORD 80 application, both available on this Website. The forms must be signed.

Submission of a C-MAP application does not guarantee placement of coverage. Insurance exists only after an insurer has agreed to provide coverage, all of the insurer's application procedures have been met, and a binder has been issued.

\*The term "shore" refers only to salt-water ocean, sound, bay, or inlet with distance measured from the normal high-tide mark.

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# **Instructions for Completing C-MAP Application**

## **What is C-MAP?**

The Coastal Market Assistance Program (C-MAP) is a mechanism created to assist Homeowners living in New York's coastal areas acquire insurance. C-MAP represents a group of insurers who have agreed to give special underwriting consideration to those homeowners unable to obtain insurance. C-MAP was created by the State of New York Insurance Department and is administered by New York Property Insurance Underwriting Association (NYPIUA).

## **Eligible Property**

C-MAP applications may be submitted for one (1) to four (4) family owner-occupied dwellings, apartment units, or condominium units located in these qualifying areas:

- Long Island's South Shore and areas along the shore of Brooklyn, Queens, Staten Island, and Long Island's Forks, within one (1) mile of the shore, or
- Long Island's North Shore, the Bronx, and Westchester, within 2,500 feet of the shore along the Long Island Sound.

## **Applying to C-MAP**

You must submit a C-MAP application and an ACORD Homeowner Application (ACORD 80). These applications are available by accessing the C-MAP button on [www.nypiua.com](http://www.nypiua.com) or by telephoning New York Property Insurance Underwriting Association at 212-208-9700.

After printing the forms, both the C-MAP application and the ACORD 80 must be signed by the Applicant and the Producer.

Applications submitted without an ACORD 80 and the supporting documents identified on these instructions will be returned unprocessed.

Completed forms should be **faxed** to 212-208-9861 or mailed to:

C-MAP  
c/o New York Property Insurance  
Underwriting Association, Administrator  
Peck Slip Station  
PO Box 2336  
New York, NY 10272-2336

## Guide for Completing C-MAP Applications

1. Homeowners must provide their name, mailing address, phone number, and location of property requiring insurance, if different from mailing address.

2. Please indicate how far the homeowner's property is from the shore\*.

**\*The term "shore" refers only to salt-water ocean, sound, bay, or inlet with distance measured from the normal high-tide mark.**

3. Homeowners are required to identify the insurer canceling, non-renewing, or issuing a conditional renewal for their policies. Please submit a copy of the notice with the application.

(Homeowners whose policies were canceled as a result of failure to pay premium or other underwriting reasons do not qualify for C-MAP placement.)

If property is newly acquired, homeowners must identify the insurer providing coverage for this property for the prior owner.

4. Provide the policy number and original effective date of any existing NYPIUA policy.

5. Flood insurance is necessary if property is located in A or V zones as indicated on Federal Flood Insurance Maps. Please provide the policy number, expiration date, amount of coverage, and submit proof of coverage. The amount of flood insurance coverage must be for the actual cash value of the property, including contents, up to the maximum amount available under the Flood Insurance program.

6. Please identify the insurance companies which have declined to insure this property. Include contact name and phone number.

7. Agents or brokers must provide their name, address, phone number, and tax identification number.

8. Agents or brokers must list the companies with which they have agency contracts.

9. Homeowners and Brokers-of-Record are asked to affirm that they have read and understand the requirements necessary to submit an application to C-MAP. Please read this affirmation carefully, and sign and date this statement.

## C-MAP APPLICATION

An application to C-MAP does not guarantee placement of insurance. Insurance does not exist until all insurer's application procedures have been completed and a binder has been issued.

1. Applicant Name:			Phone Number:		
Mailing Address:			Location Of Property (If Different):		
City:	State:	Zip:			

2. Approximately how far is the property from the shore?

3. Indicate below the insurer canceling or non-renewing the homeowners policy. Please submit a copy of the termination notice with your application. (Applicants whose policies were canceled as a result of failure to pay premium or for underwriting reasons not related to coastal proximity do not qualify for C-MAP.) Check if this is a new purchase.

Name of Company:

Was this property recently purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number:	Expiration date:
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4. Is this property insured by NYPIUA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number:	Expiration date:
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5. Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number:	Building coverage:	Contents coverage:	Expiration:
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6. List the companies that have declined to insure this property. Please name the representatives and include their phone numbers:

INSURER	COMPANY REPRESENTATIVE	PHONE NUMBER

7. Broker-Of-Record:			Tax Identification Number:		
Mailing Address:			Phone Number:		Fax Number:
City:	State:	Zip:	E-Mail Address:		

*(Applications may be submitted directly to C-MAP, but we encourage homeowners to use the services of agents or brokers.)*

**8. For agents only: Please list the companies with which you have agency contracts:**

Company:	Company:
1.	2.
3.	4.
5.	6.

**9. C-MAP APPLICATION AFFIRMATION STATEMENT**

**Please read, sign, and date the affirmation below:**

<p>I have read and understand this application along with its instructions. I realize that an incomplete application or an application submitted without necessary documentation will be returned to me unprocessed.</p> <p>I also understand that submission of this application to C-MAP does not guarantee placement of insurance coverage. Insurance exists only after all insurer's application procedures have been completed and a binder has been issued.</p> <p>Accordingly, I agree to hold harmless C-MAP, the C-MAP Administrator and its voluntary member agents and associations from any and all liability, losses, claims, or expenses that I may incur by reason of their failure or inability for any reason, to obtain insurance coverage on my behalf.</p> <p>Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.</p>	
Signature of Applicant:	Date:
Signature of Broker of Record:	Date:

**C-MAP APPLICATION CHECKLIST**

**Did you remember to include the following information along with your C-MAP Application and ACORD 80?**

- **Flood Insurance policy number, expiration date and amounts of insurance (if required)**
- **NYPIUA policy number and original effective date (if applicable)**
- **List of companies which have declined to insure property**
- **Present insurer providing coverage for newly acquired property**
- **List of insurers with which agent has an agency contract**

**Mail to: C-MAP**  
**c/o New York Property Insurance**  
**Underwriting Association, Administrator**  
**Peck Slip Station**  
**PO Box 2336**  
**New York, NY 10272-2336**

**Fax to: C-MAP Administrator**  
**212-208-9861**

# ACORD™ HOMEOWNER APPLICATION - FOR C-MAP USE ONLY

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C, No):					POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #			DAY
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #			EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

## COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	DED (Type & Amount)	
\$	\$	\$	\$	\$	\$	\$	ALL PERIL	
							WIND/HAIL	
							THEFT	
							NAMED HURRICANE *	

## ENDORSEMENTS

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM	
ENTER OTHER ENDORSEMENT(S)			\$
			DEPOSIT
			BALANCE

## PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:
		AGENT
		APPLICANT
		OTHER:

## RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY VENEER	ASBESTOS SIDING	SQ FT	# APTS	REPLACEMENT COST	DWELLING	PRIMARY	COC			
ALUMINUM SIDING	FIRE RES				APART	SECONDARY	UNOCC			
					CONDO	SEASONAL	VACANT			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:
						CENTRAL				SECONDARY:
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT				OIL STORAGE TANK LOCATION
						LOCAL				ROOFING
										EXTERIOR PAINT
DWELLING LOCATION	OCUPIED BY	DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	YES	NO	STORM SHUTTERS			
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	HOUSEKEEPING CONDITION	APPROVED FENCE	ABOVE GROUND	NO	YES	A	HURR RES GLASS	YES
WITHIN FIRE DIST		TENANT		DIVING BOARD	IN-GROUND		NO	B		NO
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION				
	YES		CLASS	OTHER		OPEN				
	NO		SPEC			CLOSED				
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	OFF PREMISES THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB			
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION	OTHER:	FULL	HEARTHES				

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?			
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			

LOSS HISTORY	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS				

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER
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REMARKS	ATTACHMENTS												
	<table border="1"> <tr> <td>STATE SUPPLEMENT(S)(If applicable)</td> <td>PROTECTION DEVICE CERTIFICATE</td> </tr> <tr> <td>INLAND MARINE APPLICATION</td> <td>PERS EXCESS/UMBRELLA APP</td> </tr> <tr> <td>REPLACEMENT COST ESTIMATE</td> <td>RECREATIONAL VEHICLE APP</td> </tr> <tr> <td>PHOTOGRAPH</td> <td>WATERCRAFT APPLICATION</td> </tr> <tr> <td>SOLID FUEL SUPPLEMENT</td> <td>LEAD FREE PAINT CERTIFICATION</td> </tr> <tr> <td>EARTHQUAKE APPLICATION</td> <td>HOME BASED BUSINESS SUPP</td> </tr> </table>	STATE SUPPLEMENT(S)(If applicable)	PROTECTION DEVICE CERTIFICATE	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP	PHOTOGRAPH	WATERCRAFT APPLICATION	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
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BINDER/SIGNATURE			
INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
COVERAGE IS NOT BOUND			

**Notice of Insurance Information Practices**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)  
 Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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