

**C-MAP COASTAL DWELLING FIRE (DP-2) APPLICATION**

**"WRAP-AROUND" APPLICATION**

*This is not a binder of insurance*

Quotation # \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Underwriter \_\_\_\_\_ Date \_\_\_\_\_

**CONNECTICUT FAIR PLAN**  
*C-MAP Administrator*  
 77 Hartland Street, Suite 308  
 East Hartford, CT 06108-3260  
 Tel 860-528-9546 FAX (860) 282-0070

**Agency/Producer:** Name and Address, Phone number, fax number, e-mail address:

\_\_\_\_\_ Ph # \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ Tax ID # (put on separate piece of paper)

I hereby certify that I am a licensed producer of Connecticut. In the event a policy is issued and then cancelled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree to return my proportionate share of the commission or such return premium. Signature of Producer of Record: \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:**

- 1. *Property is located within 2600 feet of the Connecticut Coast* \_\_\_ Yes
- 2. *Property is owner occupied* \_\_\_ Yes
- 3. *Must be 1 - 4 family dwelling or one family seasonal (no rentals) dwelling* \_\_\_ Yes
- 4. *Must have been (one of the below)*
  - a. *non-renewed, conditionally renewed or cancelled for a reason other than premium non-payment (attach copy of the notice)* \_\_\_ Yes \_\_\_ N/A
  - OR
  - b. *a new purchase or to be acquired property (attach proof of purchase)* \_\_\_ Yes \_\_\_ N/A
  - OR
  - c. *currently insured with the CT FAIR Plan. Policy # \_\_\_\_\_* \_\_\_ Yes \_\_\_ N/A
- 5. *Must have flood insurance if in Zones A or V (attach a copy of the policy)* \_\_\_ Yes \_\_\_ N/A
- 6. *Must have central heating system* \_\_\_ Yes
- 7. *Single family dwellings must have an electrical system with circuit breakers with 100 amp minimum service. Multi-family must have circuit breakers with a minimum of 200 amp service* \_\_\_ Yes
- 8. *Do/will you have a current C-MAP HO-4 wrap-around policy? (submit a copy for our file when/if issued)* \_\_\_ Yes \_\_\_ No

**APPLICANT INFORMATION**

1. Applicant Name (cannot be an LLC, Corporation, Company etc...) as it should appear on the policy: \_\_\_\_\_

2. Mailing Address (with Zip Code) if different than location address: \_\_\_\_\_

3. LOCATION OF PROPERTY TO BE INSURED with zip code (attach specific directions if there is no street number) : \_\_\_\_\_

4. Contact person and telephone number(s) for inspection: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

5. Construction of Building: Brick \_\_\_ Frame/wood \_\_\_ Other: \_\_\_\_\_ Year Built: \_\_\_\_\_

6. Occupancy: # of Apartments: \_\_\_\_\_ # Occupied: \_\_\_\_ Purchase Price \$\_\_\_\_\_ Yr \_\_\_\_\_
7. Number of stories: \_\_\_\_\_ Seasonal: \_\_\_\_ Yes \_\_\_\_ No Rowhouse/Condo: \_\_\_\_ Yes \_\_\_\_ No
8. Hydrant within \_\_\_\_\_ Feet Fire Department within \_\_\_\_\_ miles Protection Class: \_\_\_\_\_
9. Estimated Market Value of the Building: \$ \_\_\_\_\_ Est Replacement Cost: \$ \_\_\_\_\_
10. Protection Devices/Type: Fire Alarm: \_\_\_\_\_ Burglar Alarm: \_\_\_\_\_
11. Has roofing or services been updated? No \_\_\_\_ Yes \_\_\_\_ If yes, year last updated:  
 Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Wiring \_\_\_\_\_ Roofing \_\_\_\_\_
12. Name and complete Address of Mortgagee(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Loan #: \_\_\_\_\_  
 Amount of outstanding Mortgage: \$ \_\_\_\_\_ Are payments current: Yes \_\_\_\_  
 No \_\_\_\_ If No, Explain: \_\_\_\_\_
13. Has applicant had a foreclosure, repossession, bankruptcy, judgment or tax lien during the past five years? No \_\_\_\_ Yes \_\_\_\_ If Yes, Explain: \_\_\_\_\_
14. Has any person with a financial interest in the property been convicted of fraud or incendiarism? No \_\_\_\_ Yes \_\_\_\_ If Yes, Explain: \_\_\_\_\_
15. Have you had any property losses within the past 3 years (provide dates, cause of loss and status of repairs for each. No \_\_\_\_ Yes \_\_\_\_ If Yes, Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Monthly rental income, if multi-family: \$\_\_\_\_\_

**COVERAGES AND LIMITS:**

**DP-2 C-MAP "Wrap-Around" Policy (There must be a Voluntary Market HO-4 Wrap-Around Policy)**

**Coverage A** Building: \$ \_\_\_\_\_ (minimum of 80% of Replacement Cost/Maximum of \$500,000)

**Coverage B** Other Structures: 10% of Coverage A **or** enter amount \$ \_\_\_\_\_ if more than 10% is needed)

**Deductibles:** All Other Perils: \_\_\_\_\_ \$500 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$2500

**Mandatory Hurricane Deductible is 5% of Coverage A**

### **Submitting C-MAP Applications with a check**

Applications must be received by the Administrator at least 15 days prior to the effective date requested. In addition to the application, a down payment of \$500, and the required forms, must be received within 7 days from the date the application was submitted. The 15 day waiting period allows the Administrator to fully underwrite the risk.

If Eligibility Requirements are met, a policy will be issued and mailed to the insured along with a bill for the remainder of the total annual premium due.

### **Submitting C-MAP Applications without a check**

If no payment is received with the application, the Administrator will review the application for eligibility in C-MAP and either provide a quotation or provide a declination with the reasons that the policy was ineligible for the program.

If the property is eligible, payment of the total policy premium must be received by the Administrator. The policy will be issued effective on the date the payment was received and then mailed to the insured.

*You must also have, and maintain in force, a Coastal C-MAP HO-4 "Wrap-Around" policy from a participating insurance company.*

### **How will this work?**

1. We will use the date the FAX, of the "complete" C-MAP Application, arrives in our office. Applications received by FAX after normal business hours or on weekends/holidays will get the next business day as the received date.
2. We know that there will be additional forms (see Applying to C-MAP) that have to be mailed as well as the check. We need to have these required documents and check within 7 days of the Faxed C-MAP Application.
- 3. After Faxing application to the Administrator, you must mail the application and any required forms (with a check if applicable) to:**

Connecticut FAIR Plan  
Attention: C-MAP Administrator  
77 Hartland Street, Suite 308  
East Hartford, CT 06108-3260

FAX (860) 282-0070

**Reminder – An inspection request for this property will be ordered as soon as the Administrator receives the application. Please be available to set up an appointment.**

**Additional information about C-MAP can be found at [www.ctfairplan.com](http://www.ctfairplan.com)**

**APPLICANT(S) MUST SIGN AND DATE THIS APPLICATION**

**THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE ON THIS PROPERTY.** I (We) understand that this request in no way binds the FAIR Plan to afford insurance on the described property. Inspection(s) made under this C-MAP program and any report of the inspection(s) is for the Named Perils of this policy. Regardless of whether a policy is issued, neither the Connecticut FAIR Plan, the Insurance Services Office, nor any Company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s). It is expressly understood that any inspection of this property by the FAIR Plan will be for the exclusive benefit of the FAIR Plan, and is not intended to benefit this applicant or any other person. Nothing contained or omitted from said inspection shall be construed to infer or imply that hazardous physical conditions, if any, so noted or omitted constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection report(s) to the Connecticut Insurance Department, the Connecticut FAIR Plan, Insurance Services Office, participating C-MAP insurers and my (our) agent(s) or representative(s).

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals, such information as well as their personal and privileged information collected by us or your agent may in certain circumstances be disclosed to third parties without your authorization. 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 producer for instructions on how to submit a request to us.

NOTICE TO THE APPLICANT: THE PRODUCER LISTED IN THIS APPLICATION IS NOT A REPRESENTATIVE OR AN AGENT OF THE CONNECTICUT FAIR PLAN. THE PRODUCER IS YOUR AGENT AND REPRESENTATIVE. ACCORDINGLY, THE DELIVERY OF ANY NOTICE OR INFORMATION REQUIRED FROM YOU BY THIS APPLICATION, OR ANY POLICY THAT MAY BE SUBSEQUENTLY ISSUED BY THE CONNECTICUT FAIR PLAN, IF GIVEN TO YOUR AGENT, WILL NOT CONSTITUTE DELIVERY TO THE CONNECTICUT FAIR PLAN UNLESS SUCH NOTICE OR INFORMATION IS IN FACT DELIVERED TO THE CONNECTICUT FAIR PLAN. THE CT FAIR PLAN WILL NOT BE RESPONSIBLE FOR THE FAILURE OF YOUR AGENT TO DELIVER ANY NOTICE OR INFORMATION.

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 have read and understand this application. I realize that an incomplete application or an application submitted without the necessary documentation will be returned to me unprocessed.

I also understand that submission of this application to C-MAP does not guarantee placement of insurance coverage. Insurance exists only after all insurers' application procedures have been completed and a policy has been issued.

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 purposes of misleading, information concerning any fact material there, commits a fraudulent insurance act, which is a crime.

**SIGNATURE OF APPLICANT(S)** \_\_\_\_\_ **DATE** \_\_\_\_\_  
\_\_\_\_\_ **DATE** \_\_\_\_\_

THE APPLICANT'S PERSONAL SIGNATURE, NOT THAT OF AN AGENT OR PRODUCER, IS REQUIRED.

***There is a \$25 charge for any check returned from the bank.***