

CT C-MAP SELF CERTIFICATION NOTICE

This form is to be used by companies claiming credit toward their commitment when policies have been written through their own marketing program. The form should be sent to the C-MAP Administrator when the policy is issued. Dwelling must be within 2600 feet of Connecticut shoreline.

Please provide the following information:

1.

COMPANY NAME	COMPANY REPRESENTATIVE	
COMPANY'S ADDRESS	REPRESENTATIVE'S PHONE NUMBER	
CITY	STATE	ZIP

2.

NAME OF APPLICANT	NAME OF PRODUCER	
PROPERTY ADDRESS	PRODUCER'S ADDRESS	
CITY	STATE	ZIP

3.

REASON FOR C-MAP ELIGIBILITY: <input type="checkbox"/> NEW PURCHASE <input type="checkbox"/> REPLACEMENT OF CT FAIR PLAN POLICY <input type="checkbox"/> CANCELLATION - or - <input type="checkbox"/> NON-RENEWAL (for other than Non-Payment)

4.

IS THIS POLICY WRITTEN WITH A WRAP-AROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	I	INDICATE WHETHER THE POLICY WRITTEN IS
	I	<input type="checkbox"/> HO-2 <input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> OTHER:
COMPANY POLICY NUMBER:		EFFECTIVE DATE:

5.

IF HO-2 or HO-3 POLICY, PLEASE INDICATE WHAT COASTAL UNDERWRITING GUIDELINE IS BEING WAIVED: _____

Please read, sign, and date the certification below:

I attest on behalf of the above-named company, that we have agreed to provide coverage for this property as a result of our participation in C-MAP. It would not otherwise have met underwriting guidelines relative to distance from the Connecticut coast.

COMPANY REPRESENTATIVE'S SIGNATURE:	TITLE:	DATE:
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When completed, please return this certificate to:

**C-MAP Administrator c/o Connecticut FAIR Plan
77 Hartland Street, Suite 308
East Hartford, CT 06108-3260**

FAX to: 860-282-0070

E-MAIL: Underwriting@ctfairplan.com