

# ACORD™ CITIZENS PROPERTY INSURANCE CORPORATION

CIT-W 01-CR/C (7/03)

COMMERCIAL AND COMMERCIAL - RESIDENTIAL WIND ONLY

CITIZENS WIND ONLY - APPLICATION FAX NUMBER (904) 281-5090

**SEE CITIZENS' WIND ONLY MANUAL FOR GUIDE TO COMPLETE APPLICATION.**

PREVIOUSLY FAXED (DATE): \_\_\_\_\_

(1)  NEW  ENDORSEMENT  TITLE TRANSFER  PREVIOUS OR CURRENT POLICY #:

(2) LICENSED FLORIDA PRODUCER NAME, MAILING ADDRESS AND TELEPHONE #

(3)

(4) APPLICANT'S NAME AND MAILING ADDRESS



LAST	FIRST	MI

PRODUCER LICENSE # (REQUIRED):

(5) MORTGAGEE/LOSS PAYEE (NAME AND ADDRESS) TO ITEM #:


**CITIZENS AGENCY CODE #**

(6) PAYOR:  MORTGAGEE  INSURED  PRODUCER

OR OTHER PAYOR:


LOAN #:

(7) POLICY FORM REQUESTED

(8) # STORIES

(9) CONSTRUCTION

(10) OCCUPANCY

(11) ADDITIONAL INFO

(12) IS PROPERTY OCCUPIED BY:

(14)

COMMERCIAL  
 COMMERCIAL RESIDENTIAL

ONE  
 TWO  
 THREE

FRAME  
 MASONRY  
 SEMI-WIND RESISTIVE  
 WIND RESISTIVE

SEE MANUAL FOR OCCUPANCY CODES

UNDER CONSTRUCTION ON STILTS/PILINGS  
 RISK(S) INSURED BY ASSOCIATION OF PROPERTY OWNERS

OWNER  TENANT  
(13) TENANT CONTENTS  
 YES  NO

BCEGS GRADE	TERR CODE
ALL OTHERS	RATE TABLE

(15) IF CONDO/APT/TWHS/MOTEL

(16) IF MOBILE HOME

COMPLIES WITH ANSI/ANCE CODE #7-88  YES  NO

(17) DESCRIPTION OF OCCUPANCY

NAME OF COMPLEX

MODEL YEAR / NAME

TOTAL # OF UNITS IN BLDG

SPECIFIC UNIT #

ABOVE GROUND FLOOR

DIMENSIONS

MOBILE HOME ID #

BUILDING # / PHASE #

LOT # & MOBILE HOME PARK

(18) PROPERTY LOCATION

STREET #	STREET NAME	CITY	COUNTY	ZIP CODE	CITIZENS SUPPLEMENTAL APPLICATION SCHEDULE ATTACHED FOR ADDITIONAL ITEMS <input type="checkbox"/> YES <input type="checkbox"/> NO
----------	-------------	------	--------	----------	--

(19) AMOUNT OF COVERAGE

(20) COMMERCIAL RESIDENTIAL DEDUCTIBLE

(21) COMMERCIAL DEDUCTIBLE

(22) CO-INSURANCE COMMERCIAL ONLY

CITIZENS USE ONLY

AMOUNT REQUESTED: BUILDING \$  
AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) \$  
AMOUNT REQUESTED: OTHER \$

HURRICANE OTHER WIND  
 3%  3%  
 5%  1%  
 10%  \$ 1000 FLAT

3%  
 5%

80%  
 90%  
 100%  
 Waived - 1st Loss Table

CLASS	AIBL CODE
TYPE	BLDG CODE
OP-RATE	OTHER
PARTY WALLS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

(23) UNDERWRITING INFORMATION

100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES) \$	THIS BUILDING WAS CONSTRUCTED IN (YEAR)	TOTAL FLOOR AREA OF BUILDING IS (SQUARE FEET)	FIRE INSURANCE CARRIER
ACTUAL CASH VALUE: BUILDING \$	FLOOD INSURANCE CARRIER		FIRE POLICY #
ACTUAL CASH VALUE: CONTENTS \$	FLOOD POLICY #	FLOOD ZONE	BUILDING LIMIT ON FIRE POLICY (IF KNOWN) \$

IS THERE UNREPAIRED PHYSICAL DAMAGE TO THE PROPERTY?

YES  NO

ARE THERE LOSSES WITHIN THE LAST 2 YEARS?

YES  NO

IF YES, INDICATE ON PAGE 2

(24) WINDSTORM PROTECTIVE DEVICE CREDIT

YES (Attach Certificate)  
 NO

IF YES,  CLASS A  
 CLASS B  
 CLASS C

(25) ENDORSEMENT FORMS REQUESTED

CIT-W 04 21 WINDSTORM PROTECTIVE DEVICES  
 CIT-W 04 75 ACV LOSS SETTLEMENT  
 CIT-W 11 19 BUILDERS RISK  
 CIT-W 11 20 BUILDERS RISK  
 CIT-W 17 98 COMMERCIAL CONDO UNIT  
 CIT-W 17 99 COMMERCIAL CONDO ASSOCIATION

(26) TOTAL PREMIUM

\$ \_\_\_\_\_  
(ATTACH CHECK)

(27) ATTACH ORIGINAL PHOTO(S) TO REVERSE (IF REQUIRED)

(28) EFFECTIVE DATE REQUESTED

(29) I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND AND AGREE TO THE TERMS AS SET FORTH ON PAGE 2.

SIGNATURE OF APPLICANT AND DATE

SIGNATURE OF PRODUCER OF RECORD

TELEPHONE #

FAX #

**Wind Only Application for Coverage**

**Effective Date of Coverage** is upon approval of Citizens. No insurance agent has the power to bind coverage or make the policy effective. Receipt by agents of premiums is not receipt by Citizens and does not make the policy effective. Applicants must not rely on representation of any party other than Citizens in its Tallahassee or Jacksonville Office. Receipt and acceptance of payments by Citizens of an applicant's check is for deposit purposes only and does not establish a contract for insurance between the applicant and Citizens.

**Offer of Coverage:** This application may be rejected, or any policy issued by Citizens may be cancelled, if we or the market assistance plan obtain an offer of coverage from an authorized insurer at rates approved by the Office of Insurance Regulation to insure risk(s) described on this application, its attachments and subsequent Declaration Page(s). I understand my Citizens policy may be taken out of Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I am aware that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.

**Certification(s):** By my signature(s) on this application:

- (a) Agent - I hereby certify that I am a licensed, resident Florida Agent, appointed by Citizens. 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 on such return premium to the Insured.
- (b) Agent and Applicant - I hereby certify, on my best information and belief, that in connection with this application for coverage, no residential, commercial, commercial-residential policies, providing Hurricane, Other Windstorm or Hail coverages are available in the authorized market, or that the coverage in effect immediately preceding this application for coverage in Citizens was not cancelled for non-payment of premium and an application for commercial or commercial-residential coverage is submitted with appropriate documentation indicating the above.
- (c) Mobile Home Applicant only - I hereby certify that my mobile home meets the minimum mobile home tie-down requirements. (S320.8325, Florida Statute). I agree to pay a \$15.00 reinspection fee if my mobile home is found not to comply with the statute. Mobile Home policies may become effective upon receipt.

**MOBILE HOME APPLICANT(S):** Your wind only mobile home policy will be issued on a "stated value basis". Stated value basis means that if your mobile home is destroyed by the peril of Hurricane, Other Windstorm or Hail, we will pay the full dollar amount shown for Coverage A on the Declarations page. If your mobile home is only partially damaged by a covered peril, we will pay on an "actual cash value" basis up to the limit on the Declaration page. The premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

**Election Not To Buy Separate Flood Insurance**

(Required if property is located in Flood Zone A or V and the policyholder does not have a flood policy)

I, \_\_\_\_\_, have elected NOT to purchase, or cannot purchase separate flood insurance for the property to be insured by Citizens Property Insurance Corporation ("Citizens") and affirm the following:

**FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY CITIZENS PROPERTY INSURANCE CORPORATION. MY PROPERTY WILL NOT BE COVERED BY CITIZENS FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.**

**IF I MAKE A CLAIM FOR WATER DAMAGE AGAINST CITIZENS PROPERTY INSURANCE CORPORATION, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY CITIZENS, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.**

**I UNDERSTAND CITIZENS MAY DENY MY APPLICATION FOR COVERAGE OR CANCEL MY POLICY IF I DO NOT EITHER SIGN THIS FORM OR MAINTAIN A SEPARATE FLOOD INSURANCE POLICY AT LIMITS REQUIRED BY CITIZENS.**

*The Office of Insurance Regulation and Citizens Property Insurance Corporation strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.*

I have read and I understand the information above, and I elect NOT to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Citizens, unless proof of purchase of flood insurance is provided to Citizens. I understand that execution of this form does NOT relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

\_\_\_\_\_  
Application/Policy Number

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PRIOR LOSS HISTORY**

DATE OF LOSS	AMOUNT	DESCRIPTION

**Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**