

**APPLICATION FOR REPLACEMENT COST COVERAGE**

1. Insured Name: \_\_\_\_\_
2. Property Location: \_\_\_\_\_  
\_\_\_\_\_
3. Association Policy Number (if applicable): \_\_\_\_\_
- 4.a. Year building built: \_\_\_\_\_      4.b. Approximate Replacement Cost: \$ \_\_\_\_\_

If building is over twenty (20) years old, please complete the following:

- A. Year heating system updated: \_\_\_\_\_
- B. Year electrical system updated: \_\_\_\_\_
- C. Year plumbing system updated: \_\_\_\_\_
- D. Age of roof: \_\_\_\_\_
- E. Year exterior painted or re-sided: \_\_\_\_\_
- F. Other updates: \_\_\_\_\_

The AP-42, Application for Replacement Cost Coverage Form, is required at the initial request for Replacement Cost Coverage. Once the property reaches twenty (20) years of age, or when building systems reach twenty (20) years of age. If building systems have been updated at staggered time frames, the AP-42 form need only address the building systems in question.

Please attach two (2) good, clear, current photographs (front & back). Show any nearby buildings and two (2) slopes of roof.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant (Authorized Representative accepted for Beach Plan)                      Date

**NOTE: Must be signed for both Plans.**

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**This section to be completed for NCJUA - FAIR Plan ONLY**

I hereby certify that I have inspected this building and I am of the opinion that Replacement Cost Coverage is applicable due to its age and physical condition.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Producer                      Date