

NORTH CAROLINA INSURANCE UNDERWRITING ASSOCIATION (BEACH PLAN) APPLICATION FOR RESIDENTIAL CRIME INSURANCE POLICY Please read Privacy Act Statement on Reverse. Clearly, print all entries.					1. APPLICANT'S SOCIAL SECURITY NO. <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
2. NAME			3. TELEPHONE (include area code) Work () Home ()		FOR OFFICIAL USE ONLY EFFECTIVE DATE: (12:01 AM on the day following date of US Post Office affixed postmark, or, in the absence of such postmark, 12:01 AM on the day following date application and payment are received): EXPIRATION DATE (One year from effective date):	
4. MAILING ADDRESS (Number and Street)			Apt. No.			
CITY	COUNTY	STATE	ZIP CODE			
5. PREMISES TO BE INSURED IF DIFFERENT FROM MAILING ADDRESS			Apt. No.			
CITY	COUNTY	STATE	ZIP CODE			
6. TYPE OF DWELLING	<input type="checkbox"/> Apartment	<input type="checkbox"/> 2-3-4 Family Dwelling	<input type="checkbox"/> Other: _____			
7. OCCUPANCY: <input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant	<input type="checkbox"/> Seasonal	(Est. date of completion) <input type="checkbox"/> Under Rehabilitation _____		
8. Is there an alarm on the premises? NO YES (Indicate alarm type: _____) NOTE: a 5% Premium Discount credit is permitted if the premises are protected by a residential burglary alarm system.						
9. HAS APPLICANT EVERY PREVIOUSLY BEEN INSURED UNDER A FEDERAL OR ASSOCIATION CRIME INSURANCE POLICY <input type="checkbox"/> NO <input type="checkbox"/> YES When was coverage last in force? _____ What was previous policy number? _____ NOTE: If there is a change in ownership for the premises insured under an existing policy, a new application MUST be submitted. For any other changes to an existing policy, contact your agent or broker, or the Association directly.						
10. Amount of Coverage: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000 <u>Amount of Premium:</u> Without Alarm Credit: ♦ \$60 ♦ \$65 ♦ \$70 ♦ \$75 ♦ \$85 ♦ \$95 ♦ \$105 ♦ \$110 ♦ \$115 ♦ \$120 With Alarm Credit: ♦ \$57 ♦ \$62 ♦ \$67 ♦ \$71 ♦ \$81 ♦ \$90 ♦ \$100 ♦ \$105 ♦ \$109 ♦ \$114 NOTE: If there is a change in ownership for the premises insured under an existing policy, a new application MUST be submitted. For any other changes to an existing policy, contact your agent or broker, or the Association directly.						
CERTIFICATION BY APPLICANT						
Policy is subject to the provisions of Article 46, Chapter 58, General Statutes of North Carolina, and the Plan of Operation of the North Carolina Joint Underwriting Association. Renewals of this coverage (and deductibles) shall be subject to the requirements in-force at the time of such renewals. "I certify under penalty of State Law for false or fraudulent statement or representation as set forth in North Carolina General Statute Section 58-33-105, (1) that the statements I have made in the application are true and correct to the best of my knowledge and belief, and (2) that I have read the information on the back of this application."						
_____ <i>Signature of Applicant</i>				_____ <i>Date</i>		
CERTIFICATION BY PRODUCER						
The following is to be completed when application is submitted for an applicant by a licensed property insurance producer. <i>"I certify under penalty of State Law (1) that I am an agent or broker licensed in the State of North Carolina, (2) that the date of my signature is correct, and (3) I have explained to the Applicant that compliance with protective devise requirement is a prerequisite for coverage under this policy. I also agree that in the event of cancellation of a policy, I shall ratable refund to the insured commissions on the unearned portion of premiums at the same rate at which commission was originally paid."</i>						
_____ <i>Signature of Producer</i>				_____ <i>Date</i>		
NAME		STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()			
PRODUCER'S FEDERAL TAX ID NUMBER – The Federal Tax Identification Number for business or corporation is the employer identification number. For individuals or sole proprietorships, it is the Social Security Number.						NCIUA Producer Code # (If known)
The annual premium must accompany this application in the form of a check or money order made payable to: North Carolina Insurance Underwriting Association. Send to: N.C. Insurance Underwriting Association, P.O. Box 8009, Cary, NC 27512. For additional information, or to report claims, call toll-free (NC only) 1-800-662-7048 or (919) 821-1299						AMOUNT SUBMITTED: \$ <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>

Return white to Association, yellow is producer copy, pink is insured copy

PROTECTIVE DEVICE REQUIREMENTS

The following protective requirements shall apply to all residential properties: No burglary loss shall be payable at any time unless protective devices are in place and in use. Protective device requirements are: (1) Each exterior doorway or doorway leading to garage areas, public hallways, terraces, balconies or other areas affording easy access to the Insured premises, shall be protected by a door which, if not a sliding door, shall be equipped with a dead lock using either an interlocking vertical bolt and striker, or a minimum 1/2 inch throw deadbolt, or a minimum 1/2 inch throw self-locking dead latch. (b) All sliding doors, first floor and basement windows and windows opening onto stairway, fire escapes, porches, terraces, balconies or other areas affording easy access to the premises, shall be equipped with a locking device of any kind.

Interior inspections may be conducted at any reasonable time that it is agreed upon by the Insured or his/her representative and the North Carolina Joint Underwriting Association or its representative. Exterior inspections may be conducted at any reasonable time.

IMPORTANT PROVISIONS OF THE ASSOCIATION CRIME INSURANCE RESIDENTIAL POLICY

- (1) The annual premium must be submitted with the application. Thereafter you will automatically receive a premium due notice in advance of your premium due dates. If the payment is not received on or before the due date policy coverage will terminate without further notice. Upon timely receipt of your payment, your policy is automatically extended. If any check submitted in payment of a premium, due for this policy is dishonored by the bank on which it was drawn, any coverage issued pursuant thereto is void as of the beginning of the premium period which was to be covered by the payment.
- (2) The policy covers loss due to "Burglary" or "Burglary and Larceny Incidental thereto" which means the felonious abstraction of insured property from within the premises by a person making felonious entry.
- (3) The policy covers loss due to "Robbery" or "Robbery including observed theft" which means the taking of insured property (1) by violence inflicted on an insured; (2) by putting him/her in fear of violence; (3) by any other overt felonious act committed in his/her presence and of which he/she was actually cognizant, provided such other act is not committed by an insured; or, (4) from the person or direct care and custody of an insured who has been rendered unconscious or killed.
- (4) Damage to the interior of your house or apartment and its contents during burglary or robbery, or attempted burglary or robbery, is covered. Damage to the exterior of your house at the point of entry is also covered if you are the owner or are legally liable to the owner for the damage.
- (5) The loss of jewelry, furs, fine arts, antiques, coin or stamp collections and articles of gold, silver, platinum is limited to an aggregate per occurrence of \$1500 or \$500 for any one article. The policy limit for loss of money is \$200 and for securities is \$500.
- (6) The limit for loss or damage is measured by what it would cost to repair or replace the item with another of like kind, quality and age or the actual cash value at the time of loss. Each loss under your residential policy is subject to a minimum deductible of \$100 or 5% of the gross amount of the loss, whichever is greater.
- (7) If you should have a loss, remember these two important steps in filing a claim under your policy:
 - (a) First, notify your local law enforcement authorities immediately.
 - (b) Report your loss to the Insurer either by contacting your agent or broker or by contacting the Association directly on the TOLL-FREE NUMBER (NC only) 1-800-662-7048, or (919) 821-1299.
- (8) Documentation such as receipts, bills of sale or appraisals must be provided to support loss claimed.
- (9) Should you move to another address within North Carolina, you must notify us within 30 days so a policy change may be issued. After 30 days, there is no coverage unless either a new policy has been issued or the present policy has been endorsed. Should you move your property out of North Carolina, coverage will cease immediately.
- (10) If you share your house or apartment with three or more persons not related to you, each occupant must purchase a separate policy in order to be insured, with coverage limitations.
- (11) If a business is conducted on the premises, it can be insured on a separate commercial policy, as it is not covered by this policy.

NOTICE OF INFORMATION PRACTICES – APPLICABLE TO OWNER OCCUPIED DWELLINGS ONLY

The Plan of Operation of the Association requires that before coverage can be provided, a properly completed application must be submitted. Your application is the major source of information about which we use in evaluating eligibility for coverage. However, in some circumstances, we may collect information about you from third parties (such as the Producer who submitted your application to a consumer-reporting agency or us).

In certain situations, we may disclose some of this information about you to third parties. (For example, in order to conduct our business, we must exchange some information about you with adjusters, and with other insurance companies with whom you have or have had other insurance policies.)

You have the right to obtain access to certain items of information we have collected about you and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, please call or write us at the address or telephone number indicated on the front of this application.

