

NCP CALIFORNIA FLOOD/LANDSLIDE PROGRAM.

- **COVERAGE** INCLUDES **PERILS OF FLOOD AND LANDSLIDE.**
- **TERRITORY** IS CALIFORNIA.
- **PRIMARY LIMIT** IS A **MAXIMUM OF \$5,000,000** INCLUDING DWELLING, APPURTENANT STRUCTURE , CONTENTS, AND ADDITIONAL LIVING EXPENSE. EXCESS LIMITS CAN BE ARRANGED, UP TO \$20,000,000 INCLUDING OPEN MARKET PLACEMENTS.
- ACCEPTABLE **CONSTRUCTION** IS ALL CLASSES.
- **25% MINIMUM EARNED PREMIUM**, REGARDLESS OF POLICY TERM OR LIMIT OFFERED.
- **VALUATION** IS TO BE **100% REPLACEMENT COST VALUATION (RCV).**
- **90% COINSURANCE** APPLICABLE.
- **DEDUCTIBLES** ARE DETERMINED BY RISK EXPOSURE AND PERILS SELECTED.
- **COMMISSIONS** ARE **10%** FOR THE RETAILER.
- POLICY WORDING CONTAINS POLLUTION, ASBESTOS AND SEEPAGE EXCLUSIONS.
- FLOOD CAN BE WRITTEN AS **PRIMARY.**
- ALL REQUESTS FOR LANDSLIDE COVER MUST BE ACCOMPANIED BY A COMPLETED LANDSLIDE SUPPLEMENTARY APPLICATION AS WELL AS THE STANDARD NCP RESIDENTIAL APPLICATION.
- **STANDARD DEDUCTIBLES** THAT WILL APPLY ARE 5% OF THE DWELLING VALUE ONLY. SPECIFIED DEDUCTIBLES ARE ALSO AVAILABLE, WHICH ARE LOWER.
- FULLY EARNED POLICY FEE.

NCP CALIFORNIA FLOOD/LANDSLIDE PROGRAM APPLICATION

APPLICANT: _____

MAILING ADDR: _____

CITY: _____ **COUNTY:** _____ **ST** _____ **ZIP CODE:** _____

AMOUNT OF INSURANCE: \$ _____ EACH AND EVERY LOSS AND IN THE AGGREGATE ANNUALLY
(Not to Exceed \$5,000,000) IN RESPECT OF FLOOD OR FLOOD/LANDSLIDE.

PROPOSED EFFECTIVE DATE: ____/____/____ **TO** ____/____/____ [] NEW BUSINESS [] RENEWAL

TOTAL VALUES @ 100% REPLACEMENT COST:

\$ _____ BUILDINGS \$ _____ CONTENTS \$ _____ APPURTENANT STRUCTURES
\$ _____ ADD'L LIVING EXPENSE /B.I. \$ _____ TOTAL

LOCATION OF BUILDING (STREET, CITY, STATE, ZIP CODE):

NO. OF STORIES : _____ **YEAR BUILT** : _____

IS HOME OR BLDG EQUIPPED WITH GUTTER/DOWNSPOUTS? YES/NO (circle one)

IS YARD GRADED SO WATER FLOWS AWAY FROM BLDGS ? YES/NO (circle one)

DOES HOME OR BUILDING HAVE BASEMENT? YES/NO (circle one)

1. **IF "YES" IS THERE AN OUTSIDE ENTRANCE?** YES/NO (circle one)

2. **IF "YES" IS THERE A ROOF OVER ENTRANCE?** YES/NO (circle one)

3. **IS THERE AN OPERATING DRAIN OUTSIDE ENTRANCE?** YES/NO (circle one)

4. **IS THE BASEMENT FINISHED AS A LIVING AREA?** YES/NO (circle one)

HAVE THERE BEEN LANDSLIDES NEAR YOUR LOCATION? YES/NO (circle one)

(If "yes", Complete Landslide Supplementary Application.)

IS THE RISK BUILT ON STEEP SLOPING GROUND OR DOES IT HAVE ELEVATED FOUNDATIONS NOT FULLY IN CONTACT WITH THE GROUND? YES/NO _____, *(If "yes", Complete Landslide Supplementary Application.)*

DISTANCE TO, _____ **AND HEIGHT ABOVE** _____ **NEAREST KNOWN WATER COURSE (OCEAN, RIVER, CANAL, STORM DRAIN, ETC.) IS SOURCE USUALLY WET OR DRY?** _____.

IS RISK IN FLOOD ZONE "A"?: YES/NO (circle one) **IF "NO", WHAT IS FLOOD ZONE?** _____.

DO YOU HAVE FLOOD INSURANCE NOW? YES/NO (circle one)

ANY PRIOR LOSSES FROM Flood or Landslide to be COVERED HEREUNDER? YES/NO (circle one).

If "YES", then give details: _____

Signature: _____ **Dated:** _____ **ASSIGNED QTE #:** _____ (U/W use)

NOTICE - PLEASE READ CAREFULLY

IT IS UNDERSTOOD AND AGREED THAT THE INFORMATION ABOVE IS FOR UNDERWRITING PURPOSES ONLY. SOLICITATION AND RECEIPT IS NOT, IN AND OF ITSELF, A PROMISE TO OFFER A QUOTATION NOR ISSUE A POLICY UNTIL ACCEPTANCE HAS BEEN MADE BY CORRESPONDENTS AUTHORIZED TO DO SO HEREUNDER.

A FORMAL QUOTATION WILL BE OFFERED IF THE SUBMITTED RISK MEETS THOSE CRITERIA NECESSARY TO QUALIFY UNDER THE PROGRAM. A QUOTATION WILL BE IDENTIFIED AS SUCH AND WILL CONTAIN A LIMITATION AS TO THE TIME PERIOD IN WHICH THE QUOTATION SHALL BE VALID AND ANY OTHER TERMS THAT WOULD BE ATTACHING TO EACH INDIVIDUAL RISK WHICH IS OFFERED A QUOTATION.

THE APPLICANT ACKNOWLEDGES THAT ANY CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON STATEMENTS & REPRESENTATIONS MADE IN THIS APPLICATION. FALSE OR MISLEADING ANSWERS COULD RESULT IN THE POLICY BEING NULL AND VOID.

NCP LANDSLIDE SUPPLEMENTAL APPLICATION

→ ATTACH PHOTO OF HOME or BLDG SHOWING GRADE, SLOPE, RAVINE OR BANK. ←

- DOES HOME or BLDG HAVE ELEVATED PORTIONS NOT DIRECTLY IN CONTACT WITH GROUND?
YES/NO, IF "YES" IS IT ONE OF THE FOLLOWING?

- DECK OR PATIO SQUARE FOOTAGE? _____
- EXTENSION OF MAIN DWELLING? WHAT AREA? _____ (Den, Living room, etc.)
SQUARE FOOTAGE? _____
- OTHER _____

HOW SUPPORTED? (Pilings, slab foundation, perimeter wall) - Describe Below.

- DOES HOME or BLDG HAVE GUTTERS & DRAINS THAT CARRY WATER AWAY FROM HILLSIDES OR BANKS BELOW OR SURROUNDING THE HOME? YES/NO (circle appropriate)
- DO RAIN GUTTERS AND ROOF DRAINS EMPTY ONTO THE GROUND OR INTO A COLLECTION SYSTEM ?
ONTO GROUND? YES/NO (circle) OR INTO COLLECTION SYSTEM? YES/NO (circle)
- DOES HOME or BLDG HAVE RETAINING WALLS *ATTACHED* TO IT? YES/NO (circle appropriate)
- DOES HOME or BLDG HAVE RETAINING WALLS *ABOVE OR BELOW*? YES/NO (circle appropriate)
- ANY CRACKING, CRUMBLING SHIFTING, TIPPING OR OTHER SIGNS OF FAILURE OR MOVEMENT?

YES/NO, If yes, describe: _____

- WAS RETAINING WALL DESIGNED/BUILT BY FIRM LICENSED FOR SUCH SPECIALIZED WORK OR BY GENERAL CONTRACTOR WHO BUILT HOME OR DEVELOPMENT?
 SPECIALIZED GENERAL CONTRACTOR.
- DOES HOME or BLDG HAVE ANY SPECIAL DESIGN FEATURES *SPECIFICALLY* INCORPORATED TO RESIST LAND MOVEMENT? YES/NO, if yes, Describe or include copy of any report or specs that describe:

- HOW FAR, IN FEET, DOES FLAT GROUND EXTEND FROM HOME or BLDG BEFORE ANY DOWNWARD SLOPE OR BANK? _____.

- FROM BOTTOM OF BANK OR SLOPE BEHIND AND ABOVE HOME or BLDG? _____.

- REGARDING SLOPE, BANKS, HILLSIDES, RAVINES ARE THERE ANY SIGNS OF FOLLOWING:
check any item that applies:

- RAW OR NEW OPEN GULLIES?
- RECENT SLUMPING, CREEPING OR MUD FLOWS?
- RECENT SLIDES OR CRUMBLING OF HILL OR BANK?
- ANY BULGING IN ANY PORTION OF HILLSIDE INDICATING MOVEMENT FROM PRESSURE?

IF ANY OF THE ABOVE ARE CHECKED, PLEASE GIVE DETAILS:

The above representations are true to the best of my knowledge. I understand that there is no coverage until authorized and that there are waiting periods before coverage becomes effective. Misrepresentation may void the insurance applied for under this program.

Dated: ____/____/____.

NCPsup.10/1/1998

(Signature of Applicant)