NEW YORK PROPERTY
INSURANCE UNDERWRITING ASSOCIATION
100 WILLIAM STREET, NEW YORK, NEW YORK 10038
(212) 208-9700

REPAIR OR REPLACEMENT COST APPLICATION SUPPLEMENT

Use this form to request that New York Property Insurance Underwriting Association endorse the loss settlement clause on its policy to repair or replacement cost, rather than actual cash value.

NYPIUA will write a repair or replacement cost policy for coastal property, if a voluntary market company has:

1. Issued a policy or binder with an approved wrap-around endorsement for a one to four family dwelling, apartment, or condominium unit at the same location of property, or
2. If a voluntary market policy or binder with an approved wrap-around endorsement for such property is written with windstorm coverage in excess of limits on the NYPIUA policy.

The wrap-around endorsement must have been approved by the State of New York Insurance Department.

For the purpose of this endorsement, coastal areas include: areas within one mile of a salt water ocean, sound, inlet or bay on Long Island's south shore or along the shore of Brooklyn, Queens, Staten Island and Long Island's forks; areas within two thousand five hundred feet of a salt water ocean, sound, inlet or bay on Long Island's north shore, the Bronx or Westchester.

When calculating the amount of coverage required on the NYPIUA policy, be certain to reflect the repair or replacement cost of the property to be insured. Remember that 80% co-insurance applies.

For new business, after completing an application for NYPIUA coverage (UA-1) and after the voluntary market policy has been bound, send this form to NYPIUA at the address printed above or fax a copy to 212-208-9770. Send or fax this form to endorse an existing NYPIUA policy for which a voluntary market approved wrap-around policy has subsequently been issued.

Note: If the voluntary market policy with the wrap-around endorsement terminates for any reason, the NYPIUA policy will automatically revert to actual cash value.

NAME OF APPLICANT			NAME OF PRODUCER		
APPLICANT'S MAILING ADDRESS			PRODUCER'S MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
LOCATION OF PROPERTY REQUIRING INSURANCE (if different from mailing address)					
CITY	STATE	ZIP CODE			

VOLUNTARY MARKET POLICY		
NAME OF VOLUNTARY MARKET COMPANY	POLICY/ BINDER NUMBER	EFFECTIVE DATE
AMOUNT OF INSURANCE	Is the policy written in conjunction with a Voluntary Market Homeowner's policy which includes a State of New York Insurance Department approved wrap-around	
COVERAGE A (BUILDING)	endorsement? ☐ YES ☐ NO	
COVERAGE B (OTHER STRUCTURES)	Does the voluntary market policy include windstorm on the dwelling in excess of the NYPIUA policy? ☐ YES ☐ NO	
COVERAGE C (PERSONAL PROPERTY (HHF)	Does the voluntary market policy include windstorm on the personal property in excess of the NYPIUA policy? ☐ YES ☐ NO	

NYPIUA POLICY		
What is the amount of insurance you have requested from NYPIUA?	$_____ BUILDING $_____ PERSONAL PROPERTY (HHF)	POLICY/BINDER NUMBER / EFFECTIVE DATE
		Repair or Replacement Cost is being requested for: ☐ Dwelling ☐ Personal Property (HHF)
Who determined the amount of insurance requested on the NYPIUA policy?		What method was used to determine the repair or replacement cost?
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE / DATE