



Financial Pre-Approval - Group

NFIP Agent Co-Op Program

Fill out this form to receive pre-approval for reimbursement of advertising costs when using NFIP-produced print templates.

NOTE: One form is required for each print insertion.

Key Contact Information

First Name _____
Last Name _____
Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
E-Mail _____

Ad Run Information

Newspaper Name _____
City _____ State _____
Preferred Insertion Date _____
Newspaper Initial Run Date _____
Estimated Cost \$

Key Contact Signature

Date

To Submit for Pre-Approval

Sign this form and fax it to the NFIP Agent Co-Op Program Administrator for pre-approval at least 14 business days prior to the start of your advertising program.

Fax to (404) 365-7499

When your request is approved you will receive a signed copy of this document from the NFIP Agent Co-Op Program Administrator.

To Receive Reimbursement

Mail the signed/approved copy of this document, along with your check for 50% of the cost (must be pre-paid), to the NFIP Agent Co-Op Program Administrator.

Mail to NFIP Agent Co-Op Program Administrator
J. Walter Thompson
10 Glenlake Parkway
North Tower, 4th Floor
Atlanta, GA 30328

Make your check payable to JWT-NFIP

Office Use Only

NFIP Agent Co-Op Program Administrator Approval

Date