## NFIP CO-OP ADVERTISING APPROVAL APPLICATION

**APRIL 2001-MARCH 2002** 

| Name   |   |   |   |   |
|--|---|---|---|---|
| Compa  | any Name  |   |   |   |
| Addres   | ss  |   |   |   |
| City   |   |   | State   | <b>Zi</b> p   |
|  | •   |   |   |   |
| Name of that rei                               | of person or agency<br>imbursement check will be made out   | t to:   |   |   |
| Newsp<br>TV and<br>and ra<br>There i<br>Progra | F WE DO NOT RECEIVE THEM I  | es flood insuran<br>March 31, 2002.<br>Man April 30, 20<br>Individual agent o<br>Individual agent o | ce ads must appear i<br>All invoices, tear she<br>02. | n print by or on March 31, 2002.<br>ets and air checks (for TV  |
| Ad#  | Name of Medium  | Date of   | Ad Size or Length                                     | r of Ad Cost of Each Ad   |
| 1  |   |   | <u>-</u>  | TOTAL STEER |
| 2  |   |   |   |   |
| 3  |   |   |   |   |
| 4  |   |   |   |   |
| 5  |   |   |   |   |
| 6  |   |   |   |   |
| Appro<br>Date:                                 | Office Use Only:<br>oved By:<br>:<br>unt Earmarked:   | ·   |   | TOTAL =   |
| Pleas  | se send or fax this application to  | );  |   |   |
| c/o B<br>40 W<br>New '                         | Co-op Advertising Manager<br>Bozell<br>Vest 23rd Street<br>York, New York 10010<br>(212) 727-5719 | Your Signa  | ıture   |   |
| Tax. (   |   | Date  |   |   |

ALLOW 2 WEEKS FOR PROCESSING. If you have any questions, please call 1-800-564-8236.

(Please print)