

# PRIMARY FLOOD APPLICATION

**Applicant/Insured:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**First Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Second Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Current Homeowner Carrier:** \_\_\_\_\_ Policy No.: \_\_\_\_\_

## UNDERWRITING INFORMATION

**OCCUPANCY:** Single Family \_\_\_\_\_ Primary \_\_\_\_\_ Secondary Residence \_\_\_\_\_ Tenant Occupied \_\_\_\_\_ Vacant \_\_\_\_\_  
 Condo Units \_\_\_\_\_ Townhome \_\_\_\_\_ Other \_\_\_\_\_ Builder Risk \_\_\_\_\_

**CONSTRUCTION:** Residential \_\_\_\_\_ Fire Resistive \_\_\_\_\_ Masonry \_\_\_\_\_ Frame \_\_\_\_\_  
 # Stories \_\_\_\_\_ If condo unit, floor unit is located on \_\_\_\_\_ Post-FIRM \_\_\_\_\_ Pre-FIRM \_\_\_\_\_

**FOUNDATION:** Slab \_\_\_\_\_ Pilings \_\_\_\_\_ Basement: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ None \_\_\_\_\_ Enclosure: Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Pilings:** Wood \_\_\_\_\_ Concrete \_\_\_\_\_ Driven \_\_\_\_\_ Poured \_\_\_\_\_

Building Elevated: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Built: \_\_\_\_\_ NFIP Flood Zone: \_\_\_\_\_

Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_ Elevation Difference: \_\_\_\_\_

**REPLACEMENT COST OF BUILDING:** \_\_\_\_\_

**Distance to Water:** Property within 1,000 feet of water? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, is risk waterfront property? Yes \_\_\_\_\_ No \_\_\_\_\_

Any portion of the Building Situated over water? Yes \_\_\_\_\_ No \_\_\_\_\_

Any prior flood losses (paid or unpaid)? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of Loss: \$ \_\_\_\_\_ Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

<u>REQUESTED COVERAGE AMOUNT</u>	<u>RATE</u>	<u>PREMIUM</u>
<b>DEDUCTIBLE:</b> _____		
<b>BUILDING:</b> _____		\$ _____
<b>CONTENTS:</b> _____		\$ _____
	Sub-total	\$ _____
	Policy Fee	\$ _____
	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

**Requested Date of Coverage:** \_\_\_\_\_

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_