



FLOOD APPLICATION

Applicant: Named Insured: _____ Mailing Address: _____ City/State/Zip: _____ Property Location: _____ City/State/Zip: _____ Proposed Effective Date: _____ - _____	Insurance Agent: Agency Name: _____ Agency Mailing Address: _____ City/State/Zip: _____ Agent Contact Name: _____ Phone #: _____ Fax #: _____
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Form:

Primary Flood Excess Flood

If Excess Flood, please confirm underlying limits for: Building: \$ _____ and Contents/ BPP: \$ _____

If Excess Flood, please confirm underlying Carrier: _____, Policy #: _____, & Effective Dates: _____

Occupancy:

Owner-Occupied Primary Home: # of Families/Units: _____ # Stories: _____

Owner-Occupied Secondary Home: # of Families/Units: _____ # Stories: _____

1-4 Family Rental Dwelling: # of Families/Units: _____ # Stories: _____

Vacant Dwelling: # of Families/Units: _____ # Stories: _____

Residential Condominium: # Units: _____ # Stories: _____ What floor is unit located on?: _____

Commercial Condominium Building: # Units: _____ # Stories: _____

Vacant Commercial Building: # Stories: _____

Residential Apartment Building with 5+ units: # of Units: _____ # Stories: _____

Commercial Building LRO: # Stories: _____ Who are the tenants?: _____

If a business, description of operations: _____

Underwriting Information:

Year Built: _____ (Pre-firm: or Post Firm:)

Updates: Wiring: _____ Plumbing: _____ Heating: _____ Roof: _____

Total Square footage of dwelling/ building? _____ Square footage of lowest floor? _____

Is the premises located in a CoBRA Zone (coastal barrier resource system island)? Yes or No

Is the building located in a NFIP Participating community? Yes or No If yes, Flood Zone: _____

Is Location within 1,000 feet of water (ocean, lake, river, stream, creek, etc.)? Yes or No

If yes, what is the Distance to Water (in feet or miles):? _____

If yes, is there any portion of the Building Situated over water (partially or entirely)? Yes or No

Do you have an elevation Certificate?: Yes or No

If yes, Base Flood Elevation: _____ Lowest Floor Elevation: _____ Elevation Difference: +/- _____

Is the property Negatively Elevated by the NFIP or Elevation Certificate? Yes or No

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Construction Type:

- | | |
|-----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Log |
| <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Brick Veneer | <input type="checkbox"/> Mobile or Manufactured Home |
| <input type="checkbox"/> EIFS | <input type="checkbox"/> Other: _____ |

Foundation & Basement Information:

- Is the building elevated up above the ground?: Yes or No
- If no, Please select the foundation Type: Foundation Wall Slab on grade or Slab on fill
- If no, Is there a crawlspace?: Yes or No If yes, Is the crawlspace: Finished or Unfinished
- Is there a Basement?: Yes or No If yes, Is the basement: Finished or Unfinished
- If yes, Is the basement fully enclosed below ground with all 4 sides below grade?: Yes or No
- If yes, are wash-through or breakaway walls present?: Yes or No
- If no, Is the basement a walkout basement (with no step up)?: Yes or No
- Any of the following Machinery and/or equipment within the basement or crawl space? Yes or No

- | | |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Furnace or Boiler | <input type="checkbox"/> Oil Tank |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Elevator Equipment |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Cistern |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Other Machinery: _____ |

Total value of machinery & equipment: _____

Any elevators below the base flood elevation? Yes or No If yes, Number of elevators: _____

Elevation & Enclosure Information:

- If the building is elevated up above the ground: At what height? _____ ft. If yes:
- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> On Pilings, Posts, or Piers | <input type="checkbox"/> Concrete Reinforced Shear Walls |
| <input type="checkbox"/> Concrete or Masonry Piers/Columns | <input type="checkbox"/> Solid Foundation Walls |

- If yes, Are wash-through or break-away walls present?: Yes or No
- If yes, Is area below the raised floor enclosed? Yes or No Size of enclosure? _____ sq. ft.
- Does the enclosed Area have flood vents, openings, or breakout panels? Yes or No
- Is the enclosure: Finished or Unfinished and is the area enclosed with:
- | | |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Light Wood Lattice | <input type="checkbox"/> Breakaway Walls |
| <input type="checkbox"/> Masonry Walls | <input type="checkbox"/> Insect Screening |
| <input type="checkbox"/> Solid Walls | |

Garage Information:

- Is there a garage? Yes or No
- If yes, Is the garage Finished or Unfinished
- If yes, Is the garage Attached or Detached
- Total Square Feet of Garage: _____



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Limits:

Full Replacement Cost of Building:\$_____

Full Replacement Cost of Contents/ Business Personal Property:\$_____

Building/ Dwelling Limit	\$_____
Other Structures Limit	\$_____
Contents/ Business Personal Property Limit	\$_____
Loss of Use/Rents, Add'l Living Expense, Business Interrupted Income Limit	\$_____
Deductible(s)	\$_____

Prior Loss History:Any prior flood losses (paid or unpaid)? Yes or No

If yes, please confirm Date of Loss: _____, Cause of Loss: _____, and Amount of Loss: \$_____

NFIP History:Is the NFIP offering terms? Yes or No If yes, what is the renewal premium? \$_____

If yes, what is the reason that the risk is being submitted into the Private Flood marketplace?

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Looking for better premium | <input type="checkbox"/> Looking for RC Contents instead of ACV |
| <input type="checkbox"/> Looking for higher limits | <input type="checkbox"/> Do not want the 30-day waiting period |
| <input type="checkbox"/> Looking for a broader form | <input type="checkbox"/> Want to include many structures on 1 policy |
| <input type="checkbox"/> Lack of elevation certificate | <input type="checkbox"/> Prior losses |
| <input type="checkbox"/> Looking to include Loss of use/ BII | <input type="checkbox"/> Non-renewed due to: _____ |
| <input type="checkbox"/> Looking for Contents coverage in basement | <input type="checkbox"/> Other: _____ |

Mortgage Information:

1st Mortgagee:_____	2nd Mortgagee:_____
Mailing Address:_____	Mailing Address:_____
City/State/Zip: _____	City/State/Zip: _____
Loan #:_____	Loan #:_____

Notice to Insured(s):

I/We warrant the truthfulness of the information on this application and understand that any misrepresentation and/or concealment herein will void all coverage. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts.

Signature of Applicant (Insured)_____
Date_____
Signature of Agent_____
Date

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