



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 #: _____

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: _____
- Owner-Occupied Seasonal 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:)

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 xx or No If yes, Flood Zone: _____

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



FLOOD APPLICATION

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

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 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"/> Reinforced Shear Walls |
| <input type="checkbox"/> Reinforced Masonry | <input type="checkbox"/> Solid Foundation Walls |

Is the enclosure:

Finished or Unfinished

Fully below floor or Partially below floor



FLOOD APPLICATION

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: _____

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: _____ Mailing Address: _____ City/State/Zip: _____ Loan #: _____	2nd Mortgagee: _____ Mailing Address: _____ City/State/Zip: _____ Loan #: _____
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Notice to Insured(s):



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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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