

Lexington Insurance Company

Coverage Part 2: Excess Flood Information

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
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Limits of Policy:

Building Estimated Replacement Cost \$	Building Limit Requested \$
Contents Estimated Replacement Cost \$	Contents Limit Requested \$

	Y	N		Y	N
1) Is maximum underlying insurance carried? (Required)	<input type="checkbox"/>	<input type="checkbox"/>	3) Does dwelling have a foundation?	<input type="checkbox"/>	<input type="checkbox"/>
2) Breakaway walls?	<input type="checkbox"/>	<input type="checkbox"/>	4) Does dwelling have a basement or enclosure?	<input type="checkbox"/>	<input type="checkbox"/>

Property Information:

* NFIP/WYO Program: Regular <input type="checkbox"/> Preferred <input type="checkbox"/>	* Pre-Firm <input type="checkbox"/> OR Post-Firm <input type="checkbox"/>
* Condominium Unit <input type="checkbox"/> Apartment <input type="checkbox"/>	* Elevation Difference: (+/- BFE) * Flood Zone:

Contents Information:

Basement and Above <input type="checkbox"/>	Enclosure and above <input type="checkbox"/>	Lowest floor only-above ground level <input type="checkbox"/>
Lowest floor above ground level and higher floors <input type="checkbox"/>	Above ground level – More than one full floor <input type="checkbox"/>	

Underlying Information:

Present NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Non- Renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?			
Renewal or Replacement NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Coverage: Building \$	Contents \$		

Rate:

Base Rate: Building:	Contents:
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Flood Related Loss Information:

Three Year Loss History – Must Be Filled Out Completely

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$

In order to bind coverage, the following must accompany this application:

- 1) Elevation Certificate (If Flood Zone A or V)
- 2) Copy of current NFIP/WYO Declaration page