Quaker Special Risk a division of the Quaker Agency of MA, Inc.

EXCESS FLOOD APPLICATION

Insured Information:

Name: _____
Mailing Address: _____
City: _____**State:** ____ **Zip:**_____
Contact Person: _____
Phone Number: _____

Agent Information:

Agency Name: _____
Mailing Address: _____
City: _____ **State:** ____ **Zip:** _____
Agent Name: _____
Phone Number: _____

PROPOSED EFFECTIVE DATE: From: _____ **To:** _____

Limits of Policy: ***Building*** **Estimated Replacement Cost $**_____ ***Building*** **Limit Requested $**_____
Contents **Estimated Replacement Cost $**_____ ***Contents*** **Limit Requested $**_____

1.	**Is maximum underlying insurance carried? (Required)**	**❒ Yes**	**❒ No**
2.	**Breakaway walls?**	**❒ Yes**	**❒ No**
3.	**Does dwelling have a foundation?**	**❒ Yes**	**❒ No**
4.	**Does dwelling have a basement or enclosure?**	**❒ Yes**	**❒ No**

PROPERTY INFORMATION:

*** NFIP/WYO Program: ❒ Regular ❒ Preferred**
*** Condominium Unit ❒ Apartment ❒**
*** Flood Zone:** _____
*** Pre-Firm ❒ OR Post-Firm ❒**
*** Elevation Difference:** _____ **(+/- BFE)**

CONTENTS INFORMATION:

❒ Basement and above ❒ Enclosure and above ❒ Lowest floor only – Above ground level
❒ Lowest floor above ground level and higher floors ❒ Above ground level – More than one full floor

UNDERLYING INFORMATION:

Present **NFIP/WYO Carrier:** _____ **Policy Term:** _____ **Policy #**_____
Effective Date _____

Non-Renewed? ❒ Yes ❒ No If yes, why? _____

Renewal **or** ***Replacement*** **NFIP/WYO Carrier:** _____ **Policy Term:** _____ **Policy #**_____
Effective Date _____

Coverage: Building $_____ **Contents $**_____

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**
2. **Copy of current NFIP/WYO Declaration page**