



Flood Application Form

GENERAL INFORMATION

Insured: _____
Mailing Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip:** _____
Property location: _____
City: _____ **County:** _____ **State:** _____ **Zip:** _____

UNDERWRITING INFORMATION**100% Total Insurable Values:**

Building (s) \$ _____ Contents \$ _____ B.I. \$ _____ (12 months)

Requested Coverage:

Buildings: Limit \$ _____ Contents: Limit \$ _____ B.I. \$ _____

Deductible (in thousands, if applicable): Building _____ Contents _____

NFIP Policy No (if applicable): _____

NFIP Flood Zone _____

OCCUPANCY (Check all which apply)**Residential**

Single Family If yes, is it a Mobile, Manufactured or Prefabricated Home? Yes No

Condominium # of Condo Units _____

Apartment # of Units _____

Is building under construction? Yes No If yes, how long? _____

Commercial Building

Office Building Hotel/Motel Other (occupancy?) _____

Is building under construction? Yes No If yes, how long? _____

Commercial Contents

If contents coverage required, describe type of Contents _____

Is Contents Skidded or Shelved? Yes No If Yes, at what height? _____ ft.

CONSTRUCTION

a) Type: Frame Masonry Fire Resistive Other (describe) _____

b) Construction Date: _____

c) Buildings on driven pilings? Yes No if yes, is building over water? Yes No

d) Is first Floor Parking? Yes No

e) Basement or enclosure? Yes No If yes, are Wash Through or Breakaway Walls present? Yes No

f) Is the Building Elevated? Yes No If Yes, at what height? _____ ft.

g) Square Footage of the Lowest Floor? _____ sf

h) Number of stories? _____

i) Distance from source of Flooding _____ miles. Describe source of Flooding _____

j) Vacant or Occupied _____

LOSS RECORD

Any flood losses past 5 years: Yes No

If Yes, amount (s) and date (s) loss(es) _____

ADDITIONAL INFORMATION REQUIRED:

- Elevation Certificate for all Flood Zone A / V properties
- Copy of underlying/expiring NFIP Declaration Page (if applicable)

INSURED SIGNATURE: _____ **Effective Date Required** _____