



# Flood Application Form

## Policy Type

Please select all that apply.

<input type="checkbox"/>	Primary Policy Quote	<input type="checkbox"/>	Excess Policy Quote
<input type="checkbox"/>	Mirroring NFIP?		
<input type="checkbox"/>	Single Building Risk	<input type="checkbox"/>	Multiple Building Risk <small>If more than one, please provide an SOV</small>

## General Information

**Insured Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County)

**Effective Date:** \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Mailing Address:** \_\_\_\_\_ (if different) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

## Values

**100% Replacement Cost:**

Building(s): \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_ Business Income: \$ \_\_\_\_\_ (12 Months Figure)

## Limits

**Limits Required:**

Building(s): \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_ Business Income: \$ \_\_\_\_\_ (12 Months Figure)

Blanket Limit: \$ \_\_\_\_\_

## Underlying

**Underlying Flood Policy Information (Excess Only):**

Existing Carrier: \_\_\_\_\_ (If Known) Existing Policy Number: \_\_\_\_\_ (If Known)

Underlying Premium: \$ \_\_\_\_\_ (If Known) Expiring Premium: \$ \_\_\_\_\_ (If Known)

Building Underlying/Deductible: \$ \_\_\_\_\_ Contents Underlying/Deductible: \$ \_\_\_\_\_

Underlying Blanket Limit: \$ \_\_\_\_\_

## Deductible (s)

**Deductibles (Primary Only)**

Building(s): \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_ Business Income Waiting Period: \_\_\_\_\_

**Underwriting Information**

<b>NFIP Flood Zone:</b>	<input type="text"/>	<b>Located in CBRA zone?:</b>	<input type="text"/>	<b>Year Built:</b>	<input type="text"/>
<b>Date of Last Building Valuation/Appraisal</b> <input type="text"/>					
<b>Occupancy:</b>	<b>Residential</b>	<input type="text"/>	<b># of Condo Units</b>	<input type="text"/>	
	<b>Commercial</b>	<input type="text"/>	(if other, describe)	<input type="text"/>	
<b>Construction:</b>	<input type="text"/>		(if other, describe)	<input type="text"/>	
<b>Foundation:</b>	<input type="text"/>		(if other, describe)	<input type="text"/>	
<b>Total Square Footage of Building:</b>	<input type="text"/>	<b>sqft</b>	<b>Total Square Footage of Lowest Floor:</b>	<input type="text"/>	<b>sqft</b>
<b>Number of storeys (including basements):</b>	<input type="text"/>		<b>Number of Buildings:</b>	<input type="text"/>	
<b>Basement?</b>	<input type="text"/>		<b>If Basement Finished, what is the square footage?</b>	<input type="text"/>	<b>sqft</b>
<b>Enclosure?</b>	<input type="text"/>		<b>If Yes:</b>	<input type="text"/>	

**Loss History**

<b>Losses in the past 5 years?</b>	<input type="text"/>
If Yes, details of loss(es):	
<b>Date(s):</b>	<input type="text"/>
<b>Amount(s): \$</b>	<input type="text"/>

**Signatures**

<b>Insured Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>By signing this Flood Application I confirm that, to my knowledge, all of the information is correct</b>			