



Flood Application Form

Policy Type

Please select all that apply.

Primary Policy Quote

Mirroring NFIP?

Single Building Risk

Excess Policy Quote

Multiple Building Risk

If more than one, please provide an SOV

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

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

Loss History

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

Signatures

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