

WORLDWIDE FACILITIES, INC

725 S. FIGUEROA ST 19TH FLOOR / LOS ANGELES, CA 90017
PHONE (213) 236-4500 / FAX (213) 244-9655
CA LICENSE# 0414108

COMMERCIAL FLOOD APPLICATION

Applicant/Insured: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Property Address (if different): _____
City: _____ State: _____ Zip Code: _____
First Mortgagee: _____ Loan No. _____
Address: _____
City: _____ State: _____ Zip Code: _____
Second Mortgagee: _____ Loan No. _____
Address: _____
City: _____ State: _____ Zip Code: _____
Agency Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
Current Flood Carrier: _____ Policy No.: _____

UNDERWRITING INFORMATION

OCCUPANCY: Warehouse: _____ Strip Shopping Center: _____ Condo Assoc. _____ Office Bldg. _____ Hotel/Motel _____
Other _____ Builders Risk _____
CONSTRUCTION: Non-residential _____ Fire Resistive _____ Masonry _____ Frame _____
Stories _____ Basement: Finished _____ Unfinished _____ None _____ Enclosure: Yes _____ No _____ Post-FIRM _____ Pre-FIRM _____
FOUNDATION: Slab _____ Pilings _____ **Type of Pilings:** Wood _____ Concrete _____ Driven _____ Poured _____
Building Elevated: Yes _____ No _____ Year Built: _____ NFIP Flood Zone: _____
Base Flood Elevation: _____ Lowest Floor Elevation: _____ Elevation Difference: _____
REPLACEMENT COST OF BUILDING: _____
Distance to Water: Property within 1,000 feet of water? Yes _____ No _____ If Yes, is risk waterfront property? Yes _____ No _____
Any portion of the Building Situated over water? Yes _____ No _____
Any prior flood losses? Yes _____ No _____ Amount of Loss: \$ _____ Date of Loss: ____/____/____
Who to contact for inspection: _____ Phone No.: _____

<u>REQUESTED COVERAGE AMOUNT</u>	<u>RATE</u>	<u>PREMIUM</u>
BUILDING: _____	_____	\$ _____
CONTENTS: _____	_____	\$ _____
BUSINESS Income: _____	_____	\$ _____
B / I Deductible: 15 Days	Sub-total	\$ _____
	Policy Fee	\$ _____
DEDUCTIBLE: _____	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
	TOTAL	\$ _____

Requested Date of Coverage: ____ / ____ / ____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant/Insured Signature: _____ Date: ____/____/____

Producer Signature: _____ License # _____ Date: ____/____/____