



EXCESS FLOOD APPLICATION

Applicant/Insured:

Mailing Address:

City, State, Zip:

Property Address (if different):

City, State Zip:

First Mortgagee: Loan No:

Address:

City, State Zip:

Second Mortgagee: Loan No.:

Address:

City, State Zip:

Agency Name:

Address:

City, State, Zip:

Primary Flood Company:

NFIP Building Limits:

Current Excess Flood Company:

Contact:

Email:

Phone No.:

Contents Limits:

Policy No:

UNDERWRITING INFORMATION

OCCUPANCY: Single Family Primary or Secondary?
of units:

If Condo, #

CONSTRUCTION:

Stories

Basement: Y/N

Enclosure: Y/N

Pre or Post FIRM:

FOUNDATION: Slab or Pilings?

Building Elevated: Y/N

Year Built:

NFIP Flood Zone:

Base Flood Elevation:

Lowest Floor Elevation:

Elevation Difference:

RC OF BUILDING:

RC OF CONTENTS:

RC OF B.I.:

Distance to Water: Property within 1,000 ft of water? Y/N
property?

If Yes, Is risk waterfront

Any portion of the Building Situated over water? Y/N

Any prior flood losses? Y/N If yes, date and amount:

Who to contact for inspection:

Phone No.:

Remarks:

| <u>REQUESTED COVERAGE AMOUNT</u> | <u>RATE</u> | <u>PREMIUM</u> |
|----------------------------------|----------------|-----------------|
| BUILDING | _____ | \$ _____ |
| BUSINESS INCOME | | |
| CONTENTS | _____ | \$ _____ |
| | Sub-Total | \$ _____ |
| | Policy Fee | \$ _____ |
| | Inspection Fee | \$ _____ |
| | Tax | \$ _____ |
| | Addition Fee | \$ _____ |
| | TOTAL | \$ _____ |

Requested Date of Coverage:

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverages.

[*Important: Primary policy declaration page must be submitted with this application]

Applicant /Insured Signature: _____ Date: _____
Agent Signature: _____ Date: _____