



## PRIMARY FLOOD APPLICATION

**Insured Name:**

**Mailing Address:**

**Property Address (If Different):**

**1st Mortgagee:**

**Loan #:**

**2nd Mortgagee:**

**Loan #:**

Address:

Address:

City, State Zip:

City, State Zip:

**Agency Name:**

**Contact:**

**Phone**

**Address:**

**Email:**

City, State, Zip:

**CURRENT POLICY Carrier:**

**Policy No.:**

**Expiration Date:**

### UNDERWRITING INFORMATION

**PROPERTY TYPE:**

**OCCUPANCY:**

**CONSTRUCTION:**

**# Stories:**

**Basement:**

**Garage:**

**Enclosure:**

**Pre or Post FIRM:**

**FOUNDATION:**

**Year Built:**

**Purchase Requirement:**

**NFIP Flood Zone:**

**Is Building Elevated:**

**Base Flood Elevation:**

**Lowest Floor Elevation:**

**Elevation Difference:**

**Distance to Saltwater:**

**Replacement Cost on Building:**

**Replacement Cost on Contents:**

**Replacement Cost on Business Income:**

**Deductible:**

**Any prior flood losses?**

**If yes, date and amount:**

**Who to contact for inspection:**

**Phone No.:**

**Remarks:**

### REQUESTED COVERAGE AMOUNT

**DWELLING / BUILDING**

**CONTENTS**

**BUSINESS INCOME LIMITS**

**Requested Date of Coverage:**

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date