



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	\$ _____
	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
DEDUCTIBLE: _____	TOTAL	\$ _____

Requested Date of Coverage: / /

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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: ___/___/___