



**Worldwide
Facilities, Inc.**

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.: _____

REQUESTED COVERAGE AMOUNT	RATE	PREMIUM
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: ____/____/____