

EXCESS 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 Homeowner Carrier: _____ **Policy No.:** _____

Current Excess Flood Company: _____ **Policy No.:** _____

UNDERWRITING INFORMATION

OCCUPANCY: Single Family _____ Primary _____ Secondary Residence _____ Tenant Occupied _____ Vacant _____
 # Condo Units _____ Condo Assoc. _____ Office Bldg. _____ Hotel/Motel _____ Other _____ Builder Risk _____

CONSTRUCTION: Residential _____ 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: _____	_____	\$ _____
	Sub-total	\$ _____
	Policy Fee	\$ _____
	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
	TOTAL	\$ _____

Store Count: __ Freestanding __ Satellites

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 coverage.

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

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

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