

EXCESS FLOOD APPLICATION

Insured: _____

First Mortgage: _____

Mailing Address: _____

Loan #: _____

City: _____

Address: _____

County: _____ State: _____ Zip Code: _____

City: _____

State: _____ Zip Code: _____

PROPERTY ADDRESS (if different from above)

Second Mortgage: _____

City: _____

Loan #: _____

County: _____ State: _____ Zip Code: _____

Address: _____

Primary Flood Carrier: _____

City: _____

Primary Flood Policy #: _____

State: _____ Zip Code: _____

New: _____ Renewal: _____

Agency Name: _____

Current Excess Flood Carrier: _____

Address: _____

City: _____ State: _____

Excess Flood Policy #: _____

Phone #: (_____) _____ Tax #: _____

UNDERWRITING INFORMATION

NFIP Flood Zone _____

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

CONSTRUCTION: Residential Non-Residential Fire Resistive Masonry Frame

Basement: None Finished Unfinished Post-Firm Pre-Firm

Building on driven Pilings: Yes No Slab Building Elevated: Yes No

Year Built _____ Base Flood Elevation _____ Lowest Floor Elevation _____ Elevation Difference _____

REPLACEMENT COST OF BUILDING: \$ _____ Number of Stories _____

Distance to Coastline: within 1000 Yes No

Any flood losses in the last 5 years Yes No Amount of loss \$ _____ Date(s) of loss ____/____/20

Who to contact for inspection _____ Phone # (_____) _____

AMOUNT OF COVERAGE REQUESTED:

Rates Premium

Building: _____

Contents: _____

TOTAL PREMIUM _____

Policy fee _____

Inspection Fee _____

Tax _____

Date of Coverage ____/____/20

Total Annual Premium _____

Note: This application will become part of the Insurance Policy, if issued. The insured applicant warrants the truthfulness of its information which will be material in the event of a claim. Any misrepresentation and concealment herein will void all coverages

(Primary policy declaration page and payment in full must be attached to this application)

Insured Signature _____

Date ____/____/20

Broker Signature _____

Date ____/____/20