

FLOOD APPLICATION FORM

APPLICANT DETAILS:	
Insured:	
Property Address:	
Mailing Address (if different from above):	
UNDERWRITING INFORMATIO	N:
NFIP Flood Zone:	
Foundation Type:	
If Basement, how much of value is below	ground:
Date of Construction:	
Square footage:	
Number of Floors (excluding basement):	
Building built on driven pillings: Yes	No
Is Building Elevated:	No If yes, at what height:
Construction (check any that apply):	Frame Fire Resistive Masonry Other:
Primary Residence: Yes	No
Any prior Flood losses? Yes	No If Yes, please attach loss run or description of loss(es)
OCCUPANCY (CHECK ALL THA	T APPLY):
Single Family Re	esidential Apartment/Duplex* Commercial
Residential Condominium*	mmercial Condominium*
*If checked, # of units:	-
If a business, please describe operation:	
If business and contents coverage is desi how it is stored:	red, please provide a description of contents/inventory and
TOTAL VALUES:	
Buildings	(100% Replacement Cost Values)
Contents	(100% Replacement Cost Values)
Business Income/Rental Value	(12 months)



FLOOD LIMITS REQUESTED: Buildings Contents Business Income/Rental Value **CHECKLIST** Elevation Certificate attached if property is Post-Firm and located in an A or V Flood Zone? No Yes If NFIP is underlying, require a copy of the underlying NFIP declaration page. Attached? Yes No If underlying is an All Risk policy, require sight of the underlying Flood wording. Attached? Yes No Completed application with the Insured's signature and date of signing: No Yes I confirm that to the best of my knowledge, all information provided above is complete, true and correct. Failure to declare material facts may result in Coverage being wholey or partially limited in the event of a claim. Mortgagee(s)/Al(s):

