



CBRA Primary Flood Application for Residential Properties

Applicant/Insured: _____ Phone: _____ Fax: _____

Mailing Address: _____

City _____ State: _____ Zip Code: _____

Property Address (if different) _____

City _____ State: _____ Zip Code: _____

Barrier Island Name: _____ Community Name: _____ County: _____

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: _____

Phone: _____ Tax ID No.: _____

LOSS HISTORY: Any losses in the last 10 years? Yes No Amount of Loss: \$ _____ Date of Loss: _____

Who to contact for inspection? _____ Phone: _____ Fax: _____

REPLACEMENT COST OF BUILDING: \$ _____

REQUESTED COVERAGE AMOUNT

PREMIUM

BUILDING: \$ _____

\$ _____

DEDUCTIBLE: \$ _____

Sub-Total:	\$ _____
Policy Fee:	\$ _____
Inspection Fee:	\$ _____
Surplus Lines Tax:	\$ _____
Additional Tax/Fee:	\$ _____
Additional Tax/Fee:	\$ _____
Total Premium Due:	\$ _____

Date of Coverage: _____

NO PRE-EXISTING OR UN-REPAIRED DAMAGE WARRANTY: THE APPLICANT/INSURED, BY SIGNING BELOW, WARRANTS THAT THERE IS NO UNREPAIRED OR EXISTING DAMAGE ON THE PROPERTY TO BE COVERED UNDER THIS INSURANCE APPLICATION. YOU AGREE THAT THE STATEMENTS OF FACT ARE MATERIAL TO THE DECISION OF THE COMPANY TO INSURE OR NOT INSURE YOU. IF A POLICY IS ISSUED BASED ON THIS APPLICATION AND IT IS DISCOVERED BY THE COMPANY THAT ANY STATEMENT OF FACT MADE BY YOU IN THE APPLICATION IS FALSE, THE ENTIRE POLICY MAY BE DECLARED VOID.

NOTE to Applicant: The named producer or their respective affiliates may collect commissions in connection with the placement of the insurance described in this quotation.

NOTE to Producer: This application must be submitted with a copy of the Elevation Certificate and photos of the front and rear of the risk.

Applicant/Insured Signature: _____ Date: _____

Producer Signature: _____ Date: _____

FOR COMPANY USE ONLY: Underwriters Initials _____ Policy Number: _____

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UNDERWRITING INFORMATION

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

CONSTRUCTION: Residential Non-Residential Fire Resistive Masonry Frame
Enclosure: Yes No # of Stories _____

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: _____

Distance to Water: Property within 1,000 feet of water? Yes No If Yes, is it waterfront property? Yes No

Building Information:

- Please complete the Elevation Data below:
Building Diagram # _____ Lowest Floor Elevation: _____ Base Flood Elevation: _____ Elevation Diff: _____
Is Building Flood Proofed? Yes No Lowest Adjacent Grade (LAG): _____
- Distance from nearest ocean/gulf/river/lake: _____ Name of ocean/gulf/river/lake: _____
0 to 1 mile 1.1 to 2 miles 2.1 to 5 miles 5.1 to 10 miles Over 10 miles
Is Building situated over water? Yes No
- Is the insured property owned by state government? Yes No Is building substantially improved? Yes No
If No explain: _____
- Is building in course of construction? Yes No Estimated Construction Completion Date: _____
- Is building the insured's seasonal/secondary residence? Yes No If Yes, provide the name of the person responsible for securing the property in the event of a storm while the property is unoccupied:
Name: _____ Phone: _____
- Is building elevated (includes crawl space buildings)? Yes No
- Is the area below the elevated floor enclosed? Yes No Size of enclosure (sq. ft.): _____
Type of enclosure walls: Breakaway Lattice Solid perimeter Other (desc.): _____
- Basement/Garage or enclosed area: None Finished Unfinished
- Basement/Garage or enclosed area is used for:
Parking/Storage/Access Other (desc.): _____
- Does basement or enclosed area contain machinery & equipment? Yes No
- Is the lowest floor living area off ground by means of:
Piles Columns Solid Walls Shear Walls Other _____
- Elevator? Yes No Storm Shutters? Yes No

NOTE: COVERAGE DOES NOT INCLUDE ELEVATORS, DUMBWAITERS, OR RELEVANT EQUIPMENT.

- Number of floors in entire building (including basement/enclosed area, if any) or building type:
1 2 3 or more Split-level Townhouse/Rowhouse Condominium

NOTE: THERE IS LIMITED COVERAGE BELOW THE LOWEST ELEVATED FLOOR.

Condominium only: Total # units (include non-res): _____ **Type:** High-rise Low-rise **Coverage is for:** Individual Unit Entire building