

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.: _____

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: \$ _____ Square footage: _____
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

PREMIUM

BUILDING: _____	\$ _____
CONTENTS: _____	\$ _____
BUSINESS INCOME: _____	\$ _____
	Sub-total \$ _____
	Policy Fee \$ _____
DEDUCTIBLE: _____	Inspection Fee \$ _____
	Tax \$ _____
	Additional Fee \$ _____
Requested Date of Coverage: / /	TOTAL \$ _____

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: ____/____/____