



# FLOOD QUESTIONNAIRE | COMMERCIAL PROPERTY

## POLICY & CONTACT

Policyholder / Company Name

Policy Number

Date of Loss

Best Contact Number

Alternate Contact Number

Email Address

Mailing Address

Address

City

State

Zip Code

Agent Information

Name

Phone Number

Email Address

## OWNERSHIP

Is this building owned by an individual?

Yes ☐ No ☐

Name: \_\_\_\_\_

Please list the names of all persons authorized to sign legal documents and receive checks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this building owned by a Corporation, LLC or other Legal entity?

Yes ☐ No ☐

What is the name recorded on the Title/Deed to the building? \_\_\_\_\_

Do you own the contents in this building?

Yes ☐ No ☐

Is the building or any portion of the building leased?

Yes ☐ No ☐

## PROPERTY DETAILS

Construction Date: \_\_\_\_\_

Is there a mortgage that covers the contents?

Yes ☐ No ☐

Year of Purchase: \_\_\_\_\_

If yes, please provide the mortgage company:

Is there a mortgage on the building, and with who?

Yes ☐ No ☐

If yes, please provide the mortgage company:

\_\_\_\_\_

Is there a SBA loan on the building or contents?

Yes ☐ No ☐

Do you have other insurance that covers the building and/or the contents for perils other than flood?

Yes ☐ No ☐

If yes, please provide the following:

Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Building and contents limits of coverage:

Bldg \_\_\_\_\_ Contents \_\_\_\_\_

Do you have other insurance that covers FLOOD damage or SEWER BACKUP?

Yes ☐ No ☐

If yes, please provide the following:

Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Building and contents limits of coverage:

Bldg \_\_\_\_\_ Contents \_\_\_\_\_

## CLAIM DETAILS

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What is the name of the nearest body of water?

\_\_\_\_\_

Approximately how far is this body of water from the building?

\_\_\_\_\_

Have there been any prior/previous flood losses at this property?

Yes ☐ No ☐

If Yes, please list the year and amount of claim:

Mo/yr \_\_\_\_\_ Amt. \_\_\_\_\_

If Yes, were repairs made to the building?

Yes ☐ No ☐

What date and time did the water enter the building:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

What date and time did the water exit the building:

Date \_\_\_\_\_ Time \_\_\_\_\_

How high was the water in the building?

Exterior \_\_\_\_\_ Interior \_\_\_\_\_

Do you intend to use a General Contractor to make repairs?

Yes ☐ No ☐

If yes:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## PAYMENT DETAILS

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Where would you like the settlement/advance check sent:

\_\_\_\_\_

If an Advance is not requested, please explain why:

\_\_\_\_\_

Did you receive a copy of the NFIP Flood Claims Handbook and ICC Pamphlet?

Yes ☐ No ☐

Additional Comments:

Are you requesting an Advance Payment towards your loss?

Yes ☐ No ☐

**PLEASE BE ADVISED THAT THIS CLAIM CANNOT BE COMPLETED AND A PAYMENT CANNOT BE MADE UNLESS THE FOLLOWING IS ATTACHED/PROVIDED TO YOUR ADJUSTER, IF APPROPRIATE TO YOUR BUSINESS:**

- Articles of Incorporation (if applicable) filed with the Secretary of State.
- LLC Articles (if applicable) filed with the Secretary of State.
- Deed – establishing ownership of the real property.
- Purchase orders/books of account – establishing ownership of personal property and/or stock.
- Rental/Lease Agreement – both building and contents (if building is tenant occupied).
- Mortgage Information – to establish whether the mortgage is for building and contents on the business. Mortgage Company will be required on any check for contents if they are included in the Mortgage.
- Other Insurance policy declarations page and pertinent pages of the policy that speak to coverage for flood or show the exclusion of flood in the policy.
- Operating Agreement showing who is authorized to sign and/or make decisions on the entity's behalf.

**PLEASE BE FURTHER ADVISED YOUR FLOOD POLICY REQUIREMENTS INCLUDE: WITHIN 60 DAYS AFTER THE LOSS, SEND US A PROOF OF LOSS, WHICH IS YOUR STATEMENT OF THE AMOUNT YOU ARE CLAIMING UNDER THE POLICY SIGNED AND SWORN TO BY YOU.**

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Email if Available \_\_\_\_\_