



AQ INSURANCE BROKERAGE INC.

Flood Insurance Quick Quote Short Form

Fields marked with an asterisk (*) are required.

718-775-7091

Insured Type: _____ Personal _____ Commercial

Owner. Email Address(* _____): Phone(* _____)

1. Named Insured (* _____):

2. Mailing Address (* _____):

3. Risk Location Address (* _____):

Location Address is Same as the Mailing Address _____ YES _____ NO

4. Insured's Phone Number (* _____):

5. Effective Date Requested (* _____):

6. Date Purchased(* _____):

7. Is this a New Purchase?(*) Yes _____ No _____

8. Building Type(*): _____ 1 Floor _____ 2 Floors _____ 3+ Floors

9. Occupancy Type(* _____):

Single Family _____

2 Family _____

3 or 4 Family _____

Other Residential _____

Condo/Co-op _____

Non-Residential _____

Entire Building _____

Individual Unit _____

of Units in Building _____

% Mercantile _____

% Residential _____

10. Type of Business(* _____): Not a Business _____

11. Year Built(* _____):

12. Is the Building Under Construction?(* _____) Yes _____ No

13. Is the Building Elevated?(* _____) Yes _____ No

14. Do You Have an Elevation Certificate?(* _____) Yes _____ No

15. Is the Building a Severe Repetitive Loss Property?(* _____) Yes _____ No

16. Is the building located on federal land?(* _____) Yes _____ No

17. Any additions/extensions other than an attached

Garage?(* _____) Yes _____ No

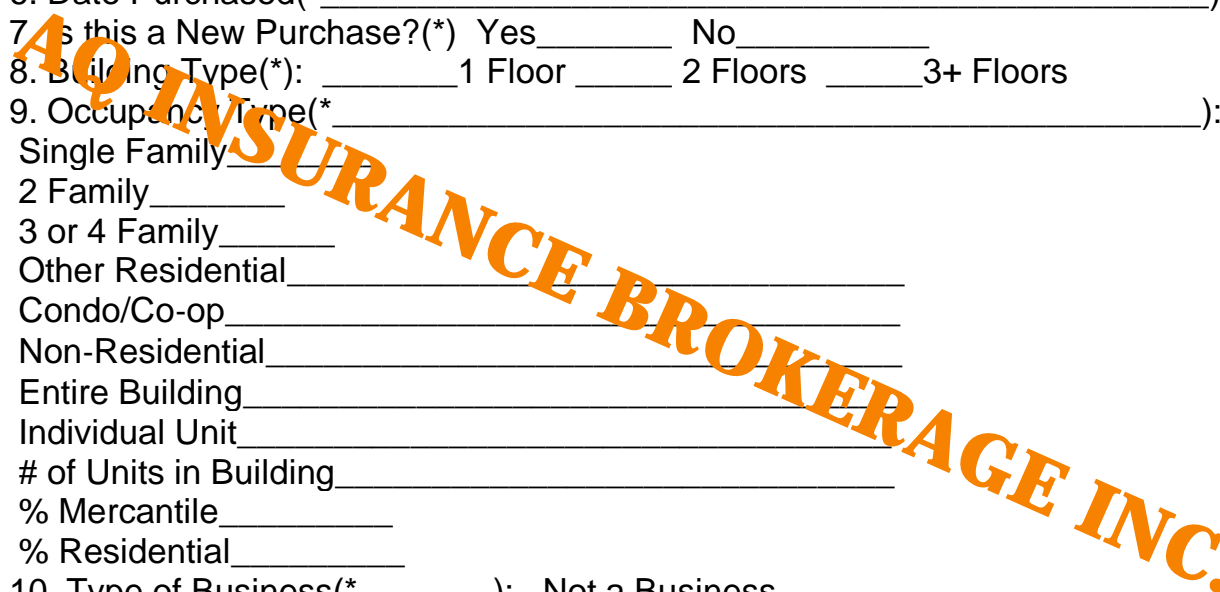
If Yes – Please Describe: _____

18. Is there an attached garage?(* _____) Yes _____ No

If YES:

i. What is the Square Footage? _____ Sq/Ft

ii. Is the garage area finished? _____ Yes _____ No



iii. Does garage have openings for water flow? ____Yes ____No

iv. Is there any equipment in the garage? ____Yes ____No

If Yes – Please List: _____

19. Is there a basement?(*_____) Yes ____ No

If YES:

i. Is the basement finished? ____Yes ____No

ii. Are Any of the Following Located in the Basement?_____

Furnace_____

Heat-Pump_____

Oil Tank_____

Water Heater_____

Washer/Dryer_____

Food Freezer_____

Other_____

20. Building Coverage Needed(*____): Deductible(*____):

21. Contents Coverage Needed(*____): Deductible(*____):

22. Value of Entire Dwelling(*____):

23. Are there any additional insureds needed?(*____) Yes____ No

If YES Please List:

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