

# FLOOD FIELD SURVEY

Insured Name			Policy Number		
Loss Location			Date of the Loss		
When was this structure was built? (Mo/Dy/Yr)				What date did you purchase this property? (Mo/Dy/Yr)	
Do you own this property?		Name(s) on the title or deed.			
Is there a mortgage?		If YES, list the name of the 1st mortgage company.			
List additional mortgages.				If you answered NO to mortgages, list the year paid off.	
Are you aware of any <b>prior</b> flood losses in the last 10 years?			If yes, please enter details on the following line(s) below.		
Loss Date (Mo/Dy/Yr)		Amount of Loss \$		Was the loss insured?	Were repairs completed?
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Number of rooms (not bath) in this building (i.e. living room, bedrooms)?				How many bathrooms?	Roof Age (Years)?
What is the name of the nearest body of water (i.e. river)?			Distance from property?		
When date water <b>enter</b> the interior? (Mo/Dy/Yr)?				What time (Approximate if you have to)?	
				AM	PM
When date water <b>exit</b> the interior? (Mo/Dy/Yr)?				What time (Approximate if you have to)?	
				AM	PM
How many <b>inches</b> of water were inside the structure?				How many <b>inches</b> of water were against the outside walls?	
Do you have any <b>other</b> insurance on your property?			Type (i.e. Homeowners)?		
If YES, company name?			Policy#?		
Policy Limits: Building? \$		Contents? \$		Does this other insurance cover flood damage?	
Is this your <b>Principal Residence</b> ?		or is it a <b>Seasonal Residence</b> ?		or is this a <b>Rental Property</b> that you own?	
Do you ever rent any portion of the property?				If YES, explain:	
If this is rental property, do you own all the contents that you are claiming?			Yes	No	N/A
Since purchased, did you make major (greater than 50% of building value) improvements?				After the policy was purchased?	
If yes, date (Mo/Dy/Yr)		Cost:		Details:	
If yes, date (Mo/Dy/Yr)		Cost:		Details:	
Will you be using a general contractor to repair flood damages to the building?			If yes, enter info below or enter "Not Selected Yet"		
Name:			Email Address:		Phone#:
Did you receive a copy of the NFIP Flood Claims Handbook? (Copies are available on our website as well as provided at inspection)					
Do you want an advance payment against the final claim amount?		Yes	No	Sent to the address below?	
				Yes	No
Temporary and/or Permanent Mailing Address (Street, City, State, Zip)					

<b>This section is for commercial and/or condominium properties only.</b>					
Do you rent or lease any portion of this building?		Yes	No	If yes, please provide all rental and/or lease agreement	
Do you own the contents in the building?		Yes	No	N/A	
				If yes, provide all lease/contractual agreements for same.	
Does this building have multiple units covered under the same policy?		Yes	No	If yes, how many units?	
<b>Condominium claims only:</b> Please provide an executed copy of the Condominium Declaration.					

**If your policy has contents coverage, except for perishable items, do not discard any items being claimed.**  
The approval and/or denial of your claim rests solely with the insurance carrier and not the Adjuster or Adjusting Firm.

Insured Signature:		Email Address:		Date:	
Position/Title (Commercial/Condominium Claims Only)					