



FLOOD APPLICATION FORM

APPLICANT DETAILS

Insured:

Insured Email Address:

Property Address:

Proposed effective date:

Mailing Address (if different to above):

Mortgagee/Loss Payee #1:

Mortgagee/Loss Payee #2:

UNDERWRITING INFORMATION

1. NFIP Flood Zone:	_____	2. Foundation type: (See overleaf)	1. Slab	2. Basement
3. Date of Construction:	_____		3. Crawlspace	If yes, approx Bldgs values in basement: _____
4. Square footage:	_____ (ex basement)		4. Elevated without Enclosure (on Post/Piles/Piers)	
5. No. of Floors:	_____ (ex basement)		5. Elevated with Enclosure (on Post/Piles/Piers)	
6. Building built on driven pilings:	Yes No		6. Elevated with Enclosure (no Post/Piles/Piers)	
7. Is Building Elevated:	Yes No	If Yes, at what height?		
8. Construction (check any that apply):	Frame	Fire Resistive	Masonry	Other: _____
9. Primary Residence?	Yes No			
10. Any Prior Flood Losses?	Yes No	If Yes, please attach loss run or description of loss(es)		

OCCUPANCY (CHECK ALL WHICH APPLY)

Single Family Commercial Residential Apartment/Duplex* Commercial Condominium* Residential Condominium*

If a business, please describe operation: _____ *If checked, # of units: _____

If business contents coverage is desired, a description of contents/inventory, where stored and how it is stored: _____

TOTAL VALUES

Coverage Type:		Values
A) Buildings	(100% Replacement Cost Values)	\$ _____
B) Contents	(100% Replacement Cost Values)	\$ _____
C) Business Income/Rental Value	(12 months)	\$ _____

FLOOD LIMITS REQUIRED

Coverage Type:		Deductible Requested:
A) Buildings	\$ _____	\$ _____
B) Contents	\$ _____	\$ _____
C) Business Income/Rental Value	\$ _____	\$ _____

CHECKLIST:







- | | | |
|--|-----|----|
| 1.) Elevation certificate attached if property is Post-Firm and located in an A or V Flood Zone? | Yes | No |
| 2.) If request is for EXCESS FLOOD, required copy of the underlying Flood policy or quote is attached? | Yes | No |
| 3.) Completed application with the insured's signature and date of signing? | Yes | No |

I confirm that to the best of my knowledge, all information provided above is complete, true and correct. Failure to declare material facts may result in Coverage being wholly or partially limited in the event of a claim.

Signed: _____

Date: _____

Position Held: _____

Building Type	Diagram No	Building Type	Diagram No
	1A, 1B, and 3		2A, 2B, and 4
 Crawlspace (Elevated or Non-Elevated Subgrade Crawlspace)	8 or 9	 Elevated without Enclosure on Posts, Piles, or Piers	5
 Elevated with Enclosure Not on Posts, Piles, or Piers (Solid Foundation Walls)	7	 Elevated with Enclosure on Posts, Piles, or Piers	6