



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)
3. Date of Construction: _____
4. Square footage: _____ (ex basement)
5. No. of Floors: _____ (ex basement)
6. Building built on driven pilings: Yes No
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)

1. Slab 2. Basement
3. Crawlspace If yes, approx Bldgs values in basement: _____
4. Elevated without Enclosure (on Post/Piles/Piers)
5. Elevated with Enclosure (on Post/Piles/Piers)
6. Elevated with Enclosure (no Post/Piles/Piers)

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

Table with 3 columns: Coverage Type, Values, and Values. Rows include A) Buildings, B) Contents, and C) Business Income/Rental Value.

FLOOD LIMITS REQUIRED

Table with 3 columns: Coverage Type, Deductible, and Deductible Requested. Rows include A) Buildings, B) Contents, and 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

1A, 1B,
and 3

Building Type



Diagram No

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