

Excess Flood Insurance Application

Please read this application carefully and complete all sections.

SECTION I - APPLICANT

Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Location: _____

City: _____ County: _____ State: _____ Zip: _____

SECTION II - UNDERWRITING INFORMATION

NFIP Flood Zone: _____

Date of Construction: _____

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached

Occupancy: Single Family: Residential Duplex/Apartment: # of Units: _____

Residential-Condominium: # of Units: _____

Commercial-Condominium: # of Units: _____

Commercial:

If a business, description of operations: _____

If a business and contents coverage is desired please provide a description of contents/inventory and how it is stored:

Construction Type: Frame: Fire Resistive: Masonry: Other: _____

Number Of Floors Including Basement: _____

Square footage of lowest floor? _____

Building on driven pilings? Yes No

Basement or Enclosure: Yes No Finished Unfinished

If yes, are Wash Through or Breakaway Walls Present? Yes No

Is the Building Elevated? Yes No If yes, at what height? _____ ft.

Any flood losses (last 5 yrs.): Yes No (If yes, please attach loss run or description of loss)

Distance To Closest Body of Water: _____ Ocean: _____ River: _____ Other: _____

Total Insurable Values:

COVERAGE TYPE

VALUE

A) Building Replacement Cost: \$ _____

B) Contents Replacement Cost: \$ _____

C) Loss of Income (12 months): \$ _____

SECTION III - EXCESS LIMITS REQUIRED

Requested Effective Date: _____

Building: \$ _____

Contents: \$ _____

Loss of Income: \$ _____

SECTION IV - UNDERLYING FLOOD POLICY INFORMATION

Primary Flood Carrier: _____ Current Excess Flood Carrier: _____

Policy Number: _____ Excess Policy Number: _____

Policy Effective Date: _____ Policy Effective Date: _____

If underlying is an All Risk Policy, please provide underlying definition of flood or a copy of the policy form

SECTION V - MORTGAGEE INFORMATION

Primary Mortgagee: _____ Loan #: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

SECTION VI - NOTICE TO INSURED

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application Form shall be the basis of the Contract with Underwriters.

Signature of Applicant (Insured)

Date

SECTION VII - PRODUCER INFORMATION

Broker/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Tele: _____ Fax: _____

Surplus Lines Broker Name: _____

Address: _____

License No: _____