

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.

Occupation: 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.) _____ (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: _____

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: _____

A signed application is not required to obtain a quote; however, in order to issue the policy, we must receive the following documentation:

- 1. Completed application with the insured’s signature
- 2. Copy of the underlying declaration page or completed NFIP application
- 3. Surplus lines broker’s responsibility statement
- 4. Copy of elevation certificate, if applicable
- 5. Signed TRIA notice, if applicable