

Flood Quick Quote Form

www.jsausa.com
Phone: 1-800-342-5572



Jackson Sumner & Associates
Excess & Surplus Lines Broker
www.jsausa.com

Agency Information

Date: _____

Agency Name: _____ Email: _____ Ph: _____

Insured Information

Insured's Name: _____ Email: _____ Ph: _____

Property Address:

Mailing Address (if different):

Is there a Mortgagee? ☐ YES | ☐ NO ☐ Name: _____ Address: _____

Is this Quote for a Loan Closing? ☐ YES | ☐ NO ☐ Loan closing date: _____ Community Number: _____ Flood Zone: _____

Building Information

Date of Construction: _____

Policyholder is: ☐ Owner ☐ Tenant

Occupancy:

☐ Single Family ☐ 2-4 Family ☐ Apartment Unit ☐ Condo Unit

☐ Primary Residence (Will impact premium)

☐ Other Residential (5 or more units) Number of units: _____

☐ Non-Residential Business (Including hotel, motel)

☐ Other Non-Residential (Including non-profit, municipalities)

Non-Residential Description: _____

Replacement Cost*: _____

***Supporting documentation will be required for other/non-residential occupancies, must include cost of foundation**

Total Number of Floors: _____ (Excluding Basement/Enclosure/Crawlspace)

Foundation Type:

☐ Slab on Grade ☐ Basement ☐ Crawlspace ☐ Elevated (No Enclosure)

☐ Elevated w/Enclosure (Piers/Posts/Piles) ☐ Elevated w/Enclosure (Foundation Walls)

If Mobile Home: Year _____ Make _____ Model _____ Serial _____

Building total square footage: _____ Enclosure/Crawlspace square footage: _____

Number of flood vents: _____ Total square inches of vents: _____

Does the building contain an elevator(s)? ☐ YES | ☐ NO ☐ Number of elevator(s): _____

Does the building contain machinery & equipment or appliances? ☐ YES | ☐ NO ☐

Are the machinery & appliances elevated to the second floor or higher? ☐ YES | ☐ NO ☐

Number of detached structures: _____

Single Family Only: Construction Type

☐ Frame ☐ Masonry ☐ Other: _____

Unit Owner Section *If applicable:*

Is the policy for a unit owner or for the association?

☐ Unit Owner ☐ Association

Number of Units in the Building: _____ Floor Unit is On _____

Select one of the options below that best describes the condo building

☐ Residential ☐ Non-Residential

☐ High Rise-3 or more floors; 5 or more units; (not townhouse or row house)

☐ Low Rise- 3 or fewer floors; less than 5 units (including townhouse and row house)

Coverage Information

Any Prior NFIP Coverage? ☐ YES | ☐ NO ☐

Building Coverage: \$ _____

Contents Coverage: \$ _____

Deductible: \$ _____

Note: 1-4 family structures may carry up to \$250,000 in building and \$100,000 in contents coverage. Other residential buildings may carry up to \$500,000 in building coverage. Non-residential buildings may carry up to \$500,000 in building coverage and \$500,000 in contents coverage.