

FLOOD APPLICATION FORM

Insured:
 Property Address:

Mailing Address:
 (if different to above)

Underwriting Information:

NFIP Flood Zone: Date of construction:

Occupancy (check all which apply):

Primary residence Yes No
 Single Family
 Residential Apartment/ Duplex If checked, # of units?
 Residential Condominium
 Commercial Condominium If checked, # of units?
 Commercial

If a business, please describe operations:

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

Construction (check all which apply):

Frame Fire Resistive Masonry Other

of Floors Building built on driven pilings: Yes No

Basement/ Enclosure Yes No If Yes, are wash through or breakaway walls present? Yes No

Is building elevated Yes No If yes, at what height?

Flood losses (last 5 years) Yes No If Yes, please attach loss run or description of loss(es)

Total Values

Coverage Type:

- A) Buildings (100% Replacement Cost)
- B) Contents (100% Replacement Cost)
- C) Business Income/ Rental Value (12 months)

Values

\$
\$
\$

Flood Limits Required

Coverage Type:

- A) Buildings
- B) Contents
- C) Business Income/ Rental Value

Limits Requested

\$
\$
\$

Checklist

Elevation Certificate attached if property is Post-Firm and located in an A or V Flood Zone? Yes No

If NFIP is underlying, require a copy of the underlying NFIP declaration page. Attached? Yes No

If underlying is an All Risk policy, require sight of the underlying Flood wording. Attached? Yes No

Completed application with the Insured's signature and date of signing: Yes No

Signed and Dated TRIA Notice, if applicable: Yes No

Signed: _____

Position held: _____

Date: _____