



EXCESS FLOOD INSURANCE APPLICATION

Insured:			
Mailing Address:			
Property Address:			
NFIP Flood Zone:		Date of Construction:	
Occupancy Type:			
<input type="checkbox"/> Single Family		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Residential Duplex/Apartment		<input type="checkbox"/> Commercial Condo	No. of Units _____
<input type="checkbox"/> Residential Condominium	No. of Units _____	<input type="checkbox"/> Commercial Condo	No. of Units _____
Occupied by Owner as:			
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Seasonal/ Part-time Residence	<input type="checkbox"/> Not occupied/Rental Property	
Construction Type:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other (Some other type)
Number of Floors (including basement): _____ Floors		Square Footage of Lowest Floor: _____ sq. ft.	
Basement or enclosure?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Finished	<input type="checkbox"/> Unfinished
If yes, are Wash Through or Breakaway Walls present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distance to Closest Body of Water:			
1. Is the building elevated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, at what height? ____ ft.
2. Is the building on driven pilings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is the building built on stilt over water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Is the building mobile, manufactured or prefabricated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Is the building under construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Were there any flood losses (in the last 5 years)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coverage Type:		Total Insurable Values:	
A) Building Replacement Cost		_____	
B) Contents Replacement Cost		_____	
C) Loss of Income (12 Months)		_____	



Excess Limits Required

Building:	
Contents:	
Loss of Income:	

Underlying Flood Policy Information

Primary Flood Carrier:	
Policy Number:	
Policy Effective Date:	
Current Excess Flood Carrier:	
Excess Policy Number:	
Policy Effective Date: *If underlying policy is an all risk policy, please provide underlying definition of flood or a copy of the policy form.	

Mortgage Information

Primary Mortgage	
Loan Number:	
Mailing Address:	
Secondary Mortgage:	
Loan Number:	
Mailing Address:	

Notice to Insured: This application shall become part of the Certificate. I/We hereby declare that the above statement 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 Application (Insured)

Date