

**Section 1 - Contact Information**

Applicant Name:	Phone:
Address:	City, State, Zip:
Billing Address:	Billing City, St. Zip:
Email:	
First Mortgagee:	Address:
City, St. Zip:	Loan Number:
2nd Mortgagee:	Address:
City, St. Zip:	Loan Number:

**Section 2 - Underwriting Information**

Current Homeowner Carrier:	Policy Number:
Current Flood Company:	Policy Number:
Occupancy: Single Family Home? <input type="checkbox"/> Primary: <input type="checkbox"/> Secondary Residence: <input type="checkbox"/> Tenant Occupied: <input type="checkbox"/> Vacant: <input type="checkbox"/>	
# Condo Units: _____ Condo Association: <input type="checkbox"/> Hotel/Motel: <input type="checkbox"/> Builders Risk: <input type="checkbox"/> Office Bldg: <input type="checkbox"/>	
Construction: Residential: <input type="checkbox"/> Non-Residential: <input type="checkbox"/> Fire Resistive: <input type="checkbox"/> Masonry: <input type="checkbox"/> Frame: <input type="checkbox"/> # of Stories: _____	
Basement: Finished: <input type="checkbox"/> Unfinished: <input type="checkbox"/> None: <input type="checkbox"/> Enclosure: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Post FIRM: <input type="checkbox"/> Pre FIRM: <input type="checkbox"/>	
Foundation: Slab: <input type="checkbox"/> Pilings: <input type="checkbox"/> Type of Pilings: Wood: <input type="checkbox"/> Concrete: <input type="checkbox"/> Driven: <input type="checkbox"/> Poured: <input type="checkbox"/>	
Building Elevated: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Year Built: _____ NFIP Flood Zone: _____ Hotel/Motel: _____	
Base Flood Elevation: _____ Lowest Floor Elevation: _____ Elevation Difference: _____	
Replacement Cost of Building: _____ Distance to Water: Property within 1,000 feet of water: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, is risk waterfront property?: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Any portion of building over water? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Any prior flood losses: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount of Loss: _____ Date of Loss? _____	

**Section 3 - Coverage Info**

**REQUESTED COVERAGE AMOUNT:**

Building Amount: \_\_\_\_\_ Deductible: (1k, 2k, 3k, 4k, 5k,)

Contents Amount: \_\_\_\_\_ Deductible: (1k, 2k, 3k, 4k, 5k,)

Requested Date of Coverage: \_\_\_\_\_

Do you want an Excess Flood Quote? (Additional coverage) Yes:  No:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

Applicant Signature:  Date: