



# EXCESS FLOOD APPLICATION

## GENERAL INFORMATION

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address (if different to above): \_\_\_\_\_

## UNDERWRITING INFORMATION

Values: Building(s) \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ B.I. \$ \_\_\_\_\_ (12 months)

Primary Carrier \_\_\_\_\_ Policy No: \_\_\_\_\_

NFIP Flood Zone \_\_\_\_\_

## OCCUPANCY (check all which apply):

### Residential

Single Family  Condominium # of Condo Units \_\_\_\_\_  Apartment Primary Residence?  Yes  No

### Commercial Building

Office Building  Hotel/Motel  Other (describe operation) \_\_\_\_\_

### Commercial Contents

If Contents coverage required, describe type of Contents \_\_\_\_\_

Is Contents Skidded or Shelved?  Yes  No If Yes, at what height? \_\_\_\_\_ ft

## CONSTRUCTION

a) Type: Frame  Masonry  Fire Resistive  Other (describe) \_\_\_\_\_

b) Year Built \_\_\_\_\_

c) Buildings on driven pilings?  Yes  No

d) Is first Floor Parking?  Yes  No

e) Basement or enclosure?  Yes  No If Yes, are Wash Through or Breakaway Walls present?  Yes  No

f) Is the Building Elevated?  Yes  No If Yes, at what height? \_\_\_\_\_ ft

g) Square Footage of the Lowest Floor? \_\_\_\_\_ sf

h) Number of stories? \_\_\_\_\_

i) Distance from source of Flooding \_\_\_\_\_ miles. Describe source of Flooding \_\_\_\_\_

## LOSS RECORD

Any Flood losses past 5 years?  Yes  No

if yes, amount(s) and date(s) loss(es) \_\_\_\_\_

## ADDITIONAL INFORMATION REQUIRED:

- Elevation Certificate for all Flood Zone A / V properties
- Copy of underlying NFIP Declaration Page
- If underlying is an All Risk Policy, require underlying definition of Flood.

## REQUESTED COVERAGE

Buildings: Limit \$ \_\_\_\_\_ Contents: Limit \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_

Effective Date Required: \_\_\_\_\_ **INSURED SIGNATURE:** \_\_\_\_\_

Fax completed application and additional information required to Melanie Ferreira, (561) 995-7521.