



PRIMARY FLOOD APPLICATION

Applicant/Insured: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Mortgagee: \_\_\_\_\_ Loan No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Second Mortgagee: \_\_\_\_\_ Loan No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

UNDERWRITING INFORMATION

OCCUPANCY: Single Family \_\_\_\_ Primary \_\_\_\_ Secondary Residence \_\_\_\_ Tenant Occupied \_\_\_\_ Vacant \_\_\_\_
# Condo Units \_\_\_\_ Condo Assoc. \_\_\_\_ Office Bldg. \_\_\_\_ Hotel/Motel \_\_\_\_ Other \_\_\_\_

CONSTRUCTION: Residential \_\_\_\_ Non-residential \_\_\_\_ Fire Resistive \_\_\_\_ Masonry \_\_\_\_ Frame \_\_\_\_
#Stories \_\_\_\_ Basement: Finished \_\_\_\_ Unfinished \_\_\_\_ None \_\_\_\_ Enclosure: Yes \_\_\_\_ No \_\_\_\_ Post-FIRM \_\_\_\_ Pre-FIRM \_\_\_\_

FOUNDATION: Slab \_\_\_\_ Pilings \_\_\_\_ Type of Pilings: Wood \_\_\_\_ Concrete \_\_\_\_ Driven \_\_\_\_ Poured \_\_\_\_
Building Elevated: Yes \_\_\_\_ No \_\_\_\_ Year Built: \_\_\_\_ NFIP Flood Zone: \_\_\_\_

Base Flood Elevation: \_\_\_\_ Lowest Floor Elevation: \_\_\_\_ Elevation Difference: \_\_\_\_

REPLACEMENT COST OF BUILDING: \_\_\_\_\_

Distance to Water: Property within 1,000 feet of water? Yes \_\_\_\_ No \_\_\_\_ If Yes, is risk waterfront property? Yes \_\_\_\_ No \_\_\_\_

Any flood losses in the last 10 years? Yes \_\_\_\_ No \_\_\_\_ Amount of Loss: \$ \_\_\_\_\_ Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

REQUESTED COVERAGE AMOUNT

RATE

PREMIUM

BUILDING: \_\_\_\_\_ \$ \_\_\_\_\_

CONTENTS: \_\_\_\_\_ \$ \_\_\_\_\_

Sub-total \$ \_\_\_\_\_

Policy Fee \$ \_\_\_\_\_

Inspection Fee \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Additional Fee \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Date of Coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverages.

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_