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EXCESS FLOOD INSURANCE APPLICATION

Please read this application carefully and complete all sections.

SECTION I – APPLICANT

Insured: _____
Mailing Address: _____
City: _____ **County:** _____ **State:** _____ **Zip:** _____
Physical Address: _____
City: _____ **County:** _____ **State:** _____ **Zip:** _____

SECTION II – MORTGAGEE INFORMATION

Primary Mortgagee: _____ **Loan #:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

SECTION III – UNDERLYING FLOOD POLICY INFORMATION

Primary Flood Carrier: _____ **Current Excess Flood Carrier:** _____
Policy Number: _____ **Excess Policy Number:** _____
Policy Effective Date: _____ **Policy Effective Date:** _____

SECTION IV – RISK INFORMATION

Occupancy: Single Family _____ 2 – 4 Family _____ Commercial-Habitational _____ # of Units _____
 Commercial Other _____ **NFIP Flood Zone:** _____

If a business, description of operations: _____

Construction Type: Frame _____ Fire Resistive _____ Masonry _____ Other _____

Number of Floors Including Basement: _____ **Date of Construction:** _____

Base Floor: _____ **Lowest Flood Elevation:** _____

Basement or Enclosure (specify) _____ **Finished** _____ **Unfinished** _____ **Contents Stored in Basement:**
 Yes _____ No _____

Replacement Cost of Building: \$ _____ **Any flood losses in the last 5 yrs.:** Yes _____ No _____
(if yes, please attach loss run or description of loss)

Distance To Closest Body of Water: _____ **Ocean** _____ **River** _____ **Other** _____

Who to contact for Inspection: _____ **Telephone:** _____

Total Insurable Values:	COVERAGE TYPE	VALUE
	A) Building Replacement Cost:	\$ _____
	B) Contents Replacement Cost:	\$ _____
	C) Loss of Income (12 months):	\$ _____

EXCESS FLOOD INSURANCE APPLICATION (cont.)

Please read this application carefully and complete all sections.

SECTION V – COVERAGE

Requested Effective Date: _____ **Status:** New _____ **Renewal** _____ **Expiring Policy No.** _____

Coverage Amount Desired:	Rate Per \$100	Premium
Building: \$ _____	_____	_____
Contents: \$ _____	_____	_____
Loss of Income: \$ _____	_____	_____
	Sub-Total Premium	_____
	Surplus Lines Tax	_____
	Stamp Fees	_____
	Total Annual Premium	_____

SECTION VI – NOTICE TO INSURED

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements 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 Contracts with Underwriters.

Signature of Applicant (Insured)

Date

SECTION VII – PRODUCER INFORMATION

Agency Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Tele:** _____ **Fax:** _____

Surplus Lines Brokers

Name: _____

Address: _____

License No: _____