

FLOOD APPLICATION FORM

APPLICANT DETAILS

Insured: _____

Property Address: _____

Mailing Address (if different to above): _____

UNDERWRITING INFORMATION

1. NFIP Flood Zone: _____

2. Foundation type: _____

3. Date of Construction: _____

(See overleaf)

4. Square footage : _____

5. No. of Floors: _____ (ex basement)

6. Building built on driven pillings: Yes ☐ No ☐

7. Is Building Elevated: Yes ☐ No ☐ If Yes, at what height? _____

8. Construction (check any that apply): Frame ☐ Fire Resistive ☐ Masonry ☐ Other: _____

9. Primary Residence Yes ☐ No ☐

10. Any prior Flood losses? Yes ☐ No ☐ If Yes, please attach loss run or description of loss(es) _____

1. Slab <input type="checkbox"/>	2. Basement <input type="checkbox"/>
3. Crawlspace <input type="checkbox"/>	If yes, approx Bldgs values in basement: _____
4. Elevated without Enclosure (on Post/Piles/Piers) <input type="checkbox"/>	
5. Elevated with Enclosure (on Post/Piles/Piers) <input type="checkbox"/>	
6. Elevated with Enclosure (no Post/Piles/Piers) <input type="checkbox"/>	

OCCUPANCY (CHECK ALL WHICH APPLY)

Single Family ☐ Commercial ☐ Residential Apartment/Duplex* ☐ Residential Condominium* ☐
Commercial Condominium* ☐ *If checked, # of units: _____

If a business, please describe operation: _____

If business and contents coverage is desired, please provide a description of contents/inventory and how it is stored: _____

TOTAL VALUES

Coverage Type:	Values
A) Buildings (100% Replacement Cost Values)	\$ _____
B) Contents (100% Replacement Cost Values)	\$ _____
C) Business Income/Rental Value (12 months)	\$ _____

FLOOD LIMITS REQUIRED

Coverage Type:	Limit Requested:
A) Buildings	\$ _____
B) Contents	\$ _____
C) Business Income/Rental Value	\$ _____

CHECKLIST:

Elevation Certificate attached if property is Post-Firm and located in an A or V Flood Zone? Yes ☐ No ☐
If NFIP is underlying, require a copy of the underlying NFIP declaration page. Attached? Yes ☐ No ☐
If underlying is an All Risk policy, require sight of the underlying Flood wording. Attached? Yes ☐ No ☐
Completed application with the Insured's signature and date of signing: Yes ☐ No ☐

I confirm that to the best of my knowledge, all information provided above is complete, true and correct.







Failure to declare material facts may result in Coverage being wholly or partially limited in the event of a claim.

Signed: _____

Position Held: _____

Date: _____

Mortgagee(s) / AI(s): _____

Building Type	Diagram No	Building Type	Diagram No
 <p>Slab on Grade (Non-Elevated)</p>	1A, 1B, and 3	 <p>Basement (Non-Elevated)</p>	2A, 2B, and 4
 <p>Crawlspace (Elevated or Non-Elevated Subgrade Crawlspace)</p>	8 or 9	 <p>Elevated without Enclosure on Posts, Piles, or Piers</p>	5
 <p>Elevated with Enclosure Not on Posts, Piles, or Piers (Solid Foundation Walls)</p>	7	 <p>Elevated with Enclosure on Posts, Piles, or Piers</p>	6