

FLOOD INSURANCE APPLICATION

Agency Information:

Agency Name:	
Agent Name:	
E-Mail Address:	
Phone Number:	

Applicant Information: Requested Effective Dates: _____ to _____

Applicant's Name:	
Mailing: Street Address	
Mailing: City	
Mailing: State, Zip	
Is location address same as mailing? <input type="checkbox"/> Yes <input type="checkbox"/> If no, complete information below	
Location: Street Address	
Location: City	County:
Location: State, Zip	
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Tenant Occupied	

Underwriting Information:

Is building: Residential <input type="checkbox"/> or Commercial <input type="checkbox"/>		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Fire Resitive <input type="checkbox"/> Mfg Home <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Aluminum Siding		
Protection Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
Year Built:	Square Footage:	Number of Stories:
Current Flood Zone:		
Elevation of building: and base flood elevation:		
Building Value: Requested Coverage: Building: Requested Coverage: Contents: Other Structures Requested Coverage: Describe other structures: Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		
Is building located on a: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab Is basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Building Updates: Indicate when last updates were done:		
Wiring:	<input type="checkbox"/> Within 0-25 years	<input type="checkbox"/> 25-50 years <input type="checkbox"/> 50 years or over
Plumbing:	<input type="checkbox"/> Within 0-25 years	<input type="checkbox"/> 25-50 years <input type="checkbox"/> 50 years or over
Heating/AC:	<input type="checkbox"/> Within 0-25 years	<input type="checkbox"/> 25-50 years <input type="checkbox"/> 50 years or over
Roof:	<input type="checkbox"/> Within 0-25 years	<input type="checkbox"/> 25-50 years <input type="checkbox"/> 50 years or over

Additional Comments:

Additional Interests:

Please Indicate	
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	
<input type="checkbox"/> Other	

Prior Carrier Information:

Year	Carrier	Limits	Premium

Date of Loss	Description of Loss	Amount Paid	Reserve

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Please attach current elevation certificate with application if available.

Producer's Signature	Date	Applicant's Signature	Date

Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.