

## Excess Flood Insurance Application

Please read this application carefully and complete all sections.

### Section I – Applicant:

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

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

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

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section II – Underwriting Information:

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

Date of Construction: \_\_\_\_\_

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached.

Occupation: Single Family:  Residential Duplex/Apartment:  # of Units: \_\_\_\_\_

Residential – Condominium:  # of Units: \_\_\_\_\_

Commercial – Condominium:  # of Units: \_\_\_\_\_

Commercial: \_\_\_\_\_

If a business, description of operations: \_\_\_\_\_

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

Construction Type: Frame:  Fire Resistive:  Masonry:  Other:  \_\_\_\_\_

Number of floors including basement: \_\_\_\_\_

Square footage of lowest floor? \_\_\_\_\_

Building on driven pilings? Yes  No

Basement or enclosure: Yes  No  Finished  Unfinished

If yes, are wash through or breakaway walls present?: Yes  No

Is the building elevated?: Yes  No  If yes, at what height? \_\_\_\_\_ ft.

Any flood losses (last 5 yrs.) \_\_\_\_\_ (If yes, please attach loss run or description of loss)

Distance to closest body of water: \_\_\_\_\_ Ocean: \_\_\_\_\_ River: \_\_\_\_\_ Other: \_\_\_\_\_

Total Replacement	Coverage Type	Value
Cost Values	A) Building Replacement Cost Values	\$ _____
	A) Contents Replacement Cost Values	\$ _____
	B) Loss of Income (12 months):	\$ _____

### Section III – Excess Limits Required:

Requested effective Date: \_\_\_\_\_

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Loss of income: \$ \_\_\_\_\_

**Section IV – Underlying Flood Policy Information:**

Primary flood carrier: \_\_\_\_\_ Current excess flood carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Excess policy number: \_\_\_\_\_  
Policy effective date: \_\_\_\_\_ Policy effective date: \_\_\_\_\_

**Section V – Mortgage Information:**

Primary mortgagee: \_\_\_\_\_ Loan #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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 Contract with Underwriters.

\_\_\_\_\_  
Signature of Applicant (Insured) Date

**Section VII – Producer Information:**

Broker/Agency Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Tele: \_\_\_\_\_ Fax: \_\_\_\_\_  
Surplus Lines Broker Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
License No: \_\_\_\_\_

A signed application is not required to obtain a quote; however, in order to issue the policy, we must receive the following documentation: