



Name of Insured: _____

Property Location: _____

Waiting Period

Loan Closing (no wait) - please provide date of closing _____ or 30 day wait ___ or Lender Required (no wait) ___
Other Rollover/Renewal: please give date _____

Mailing same as Property Address: Yes/No: if no, please provide _____

Mortgagee Clause Name & Address: _____

Essential Rating Elements

1. What is the community's name and number? _____
2. Flood Zone _____ Construction Date _____
3. Is the coverage for a condominium building? No Yes Number of Units _____
4. Is the coverage for a condominium unit? Yes No
5. What is the building's occupancy type? Single Family 2-4 Family Non-Residential Other Residential
6. How many floors does the building have (including the basement/enclosure/crawlspace)? _____
7. What is the basement/enclosure type? None Finished Unfinished?
8. Elevators Yes No How many? _____
9. What is the amount of coverage requested for the building? _____ \$
10. What is the building's estimated replacement cost? \$ _____
11. What is the amount of coverage requested for contents? \$ _____
12. Where are the contents located? N/A (not insuring contents) Basement only
 Basement and above Lowest floor only-above ground level
 Lowest floor only-above ground level and higher floors Above ground level-more than one full floor
13. What is the requested deductible? \$1000 (standard post-FIRM)
 \$2000 (standard pre-FIRM) \$3000 \$4000 \$5000
Higher deductibles for Other Residential and Non Residential only: \$10,000 \$15,000
 \$20,000 \$25,000 \$50,000 (only when insuring building & contents)
14. Attached Garage? Yes No If yes, provide square footage _____ Is garage used solely for parking of vehicles, building access, and/or storage? Yes No Is the garage finished (more than 20 linear feet of finished wall, paneling)? Yes No
Number of permanent openings (vents) within 1 ft. of adjacent grade: _____, Total area of all permanent openings: _____ square inches

Please note: If the building is Post FIRM construction, located in any of the 'A' or 'V' zones, an elevation certificate will be required for rating. If applicable, please include a copy of the elevation certificate with this rating sheet. If the Elevation Certificate shows a Diagram number 6, 7, 8 or 9 then please provide the square footage of the enclosure/crawlspace.

For mobile homes only: If the structure to be insured is located in a mobile home park, please provide the year the park was established as the date of construction. If the structure is located on private property, please provide the date it was placed on a permanent foundation on that property.