

GENERAL INFORMATION

Effective Date: _____

Insured Name: _____

Mailing Address : _____

Property Address (if different to above) _____

UNDERWRITING INFORMATION

NFIP Flood Zone _____

100% Replacement Cost Values:

Building (s) \$ _____ Contents \$ _____ B.I. \$ _____ (12 months)

Limits Requested:

Building(s): Limit \$ _____ Contents: Limit \$ _____ B.I.: Limit \$ _____ (12 months)

Deductible: \$ _____ Deductible: \$ _____ Deductible: \$ _____

OCCUPANCY (check all which apply):

Operations at location being covered: _____

If Contents coverage required, describe type of Contents _____

Residential☐ Single Family ☐ Duplex/Townhome ☐ Apartment/Condo Primary Residence? Yes ☐ No ☐**Commercial Building**☐ Office Building ☐ Hotel/Motel ☐ Condo No. of Units _____ ☐ Other (describe) _____**CONSTRUCTION**a) Type: ☐ Frame ☐ Masonry w/Veneer ☐ JM ☐ MNC ☐ Other (describe) _____b) Foundation Type: ☐ Basement Finished ☐ Basement Unfinished ☐ Basement Walkout ☐ Crawlspace
☐ Slab ☐ Piers/Posts/PilingsAre Washthrough or Breakaway Walls Present? Yes ☐ No ☐c) Is first Floor Parking only? Yes ☐ No ☐

d) Year Built _____

e) Total Square Footage? _____ sf.

f) Number of stories (including basement)? _____

LOSS RECORDAny Flood losses past 5 years Yes ☐ No ☐

if yes, amount (s) and date (s) loss(es) _____

Mortgagee:

Name: _____

Address: _____

Loan Number: _____

INSURED SIGNATURE: _____ **Dated:** _____