



Excess Flood Insurance Application

INSURED		
MAILING ADDRESS		
PROPERTY ADDRESS		
NFIP FLOOD ZONE		DATE OF CONSTRUCTION

OCCUPANCY TYPE

<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Residential Duplex/Apartment	<input type="checkbox"/> Commercial Condo	No. of Units _____
<input type="checkbox"/> Residential Condominium	<input type="checkbox"/> Residential Condo Ass'n	No. of Units _____
	<input type="checkbox"/> Residential Apt. Complex	No. of Units _____

OCCUPIED BY OWNER AS

Primary Residence Seasonal/Part-time Residence Not occupied/Rental Property

CONSTRUCTION TYPE

Frame Fire Resistive Masonry Other (Some other type)

NUMBER OF FLOORS INCLUDING BASEMENT _____ **SQUARE FOOTAGE OF LOWEST FLOOR** _____

BASEMENT OR ENCLOSURE?

Yes No Finished Unfinished

If yes, are Wash Through or Breakaway Walls Present? Yes No

DISTANCE TO CLOSEST BODY OF WATER

Is The Building Elevated? Yes No If yes, at what height? _____ ft.

Is Building On Driven Pilings? Yes No

Is Building Built On Stilts Over Water? Yes No

Is Building Mobile, Manufactured or Prefabricated? Yes No

Is The Building Under Construction? Yes No

Any Flood Losses (In Last 5 Years)? Yes No

COVERAGE TYPE	TOTAL INSURABLE VALUES
A) Building Replacement Cost	
B) Contents Replacement Cost	
C) Loss of Income (12 Months)	

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EXCESS LIMITS REQUIRED

BUILDING	
CONTENTS	
LOSS OF INCOME	

UNDERLYING FLOOD POLICY INFORMATION

PRIMARY FLOOD CARRIER	
POLICY NUMBER	
POLICY EFFECTIVE DATE	
CURRENT EXCESS FLOOD CARRIER	
EXCESS POLICY NUMBER	
POLICY EFFECTIVE DATE	

IF UNDERLYING POLICY IS AN ALL RISK POLICY, PLEASE PROVIDE UNDERLYING DEFINITION OF FLOOD OR A COPY OF THE POLICY FORM

MORTGAGEE INFORMATION

PRIMARY MORTGAGEE	
LOAN NUMBER	
MAILING ADDRESS	
SECONDARY MORTGAGEE	
LOAN NUMBER	
MAILING ADDRESS	

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 Application (Insured)

Date