



# Commercial Flood Application

Commercial Primary Flood Coverage

Commercial Excess Flood Coverage

**Applicant/Insured:** \_\_\_\_\_

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

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

Property Address (if different): \_\_\_\_\_

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

**First Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_

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

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

**Second Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_

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

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

**Agency Name:** \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Current Flood Carrier:** \_\_\_\_\_ Policy No.: \_\_\_\_\_

## UNDERWRITING INFORMATION

**OCCUPANCY:** Warehouse: \_\_\_\_\_ Strip Shopping Center \_\_\_\_\_ Condo Assoc. \_\_\_\_\_ Office Bldg. \_\_\_\_\_ Hotel/Motel \_\_\_\_\_

Builders Risk \_\_\_\_\_ Other \_\_\_\_\_

**CONSTRUCTION:** Non-residential \_\_\_\_\_ Fire Resistant \_\_\_\_\_ Masonry \_\_\_\_\_ Frame \_\_\_\_\_

# Stories \_\_\_\_\_ Basement: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ None \_\_\_\_\_ Enclosure: Yes \_\_\_\_\_ No \_\_\_\_\_ Post-FIRM \_\_\_\_\_ Pre-FIRM \_\_\_\_\_

**FOUNDATION:** Slab \_\_\_\_\_ Pilings \_\_\_\_\_ **Type of Pilings:** Wood \_\_\_\_\_ Concrete \_\_\_\_\_ Driven \_\_\_\_\_ Poured \_\_\_\_\_

Building Elevated: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Built: \_\_\_\_\_ NFIP Flood Zone: \_\_\_\_\_

Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_ Elevation Difference: \_\_\_\_\_

**REPLACEMENT COST OF BUILDING:** \_\_\_\_\_

**Distance to Water:** Property within 1,000 feet of water? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, is risk waterfront property? Yes \_\_\_\_\_ No \_\_\_\_\_

Any portion of the Building Situated over water? Yes \_\_\_\_\_ No \_\_\_\_\_

Any prior flood losses? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of Loss: \$ \_\_\_\_\_ Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

<u>REQUESTED COVERAGE AMOUNT</u>	<u>RATE</u>	<u>PREMIUM</u>
<b>BUILDING:</b> _____	_____	\$ _____
<b>CONTENTS:</b> _____	_____	\$ _____
<b>BUSINESS INCOME:</b> _____	_____	\$ _____
	Sub-total	\$ _____
	Policy Fee	\$ _____
	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
<b>DEDUCTIBLE:</b> _____	<b>TOTAL</b>	\$ _____

**Requested Date of Coverage:**    /    /

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_