



Excess Flood Application Form

GENERAL INFORMATION

Insured: _____

Mailing Address: _____

Property Address (if different to above) _____

UNDERWRITING INFORMATION

Values: Building(s) \$ _____ Contents \$ _____ B.I. \$ _____ (12 mths)

Primary Carrier: _____ Policy No. _____

NFIP Flood Zone _____

OCCUPANCY (check all which apply):

Residential

Single Family Condominium # of Condo Units _____ Apartment Primary Residence? Yes No

Commercial Building

Office Building Hotel/Motel Other (describe operation) _____

Commercial Contents

If Contents coverage required, describe type of Contents

Is Contents Skidded or Shelved? Yes No If yes, at what height? _____ ft

CONSTRUCTION

a) Type: Frame Masonry Fire Resistive Other (describe) _____

b) Year Built: _____

c) Buildings on driven pilings? Yes No

d) Is first floor parking? Yes No

e) Basement or enclosure? Yes No If yes, are Wash Through or Breakaway Walls present? Yes No

f) Is the Building Elevated? Yes No If yes, at what height? _____ ft

g) Square Footage of the Lowest Floor? _____ sf

h) Number of stories? _____

i) Distance from source of Flooding _____ miles. Describe source of Flooding _____

LOSS RECORD

Any Flood losses past 5 years Yes No If yes, amount(s) and date(s) loss(es) _____



ADDITIONAL INFORMATION REQUIRED

- Elevation Certificate for all Flood Zone A / V properties
- Copy of underlying NFIP Declaration Page
- If underlying is an All Risk Policy, require underlying definition of Flood

REQUESTED COVERAGE

Buildings: Limit \$ _____ Contents \$ _____ Loss of Income \$ _____

Effective Date Required _____

INSURED SIGNATURE _____