

COMMERCIAL FLOOD APPLICATION

Applicant/Insured:			
Mailing Address:			
City:		State:	Zip Code:
Property Address (if different):			
City:		State:	Zip Code:
First Mortgagee:		Loan No.:	
Mailing 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: <input type="checkbox"/>	Strip Shopping Center: <input type="checkbox"/>	Condo Assoc.: <input type="checkbox"/> Office Bldg.: <input type="checkbox"/>
	Hotel/Motel: <input type="checkbox"/>	Builders Risk: <input type="checkbox"/>	Other:
CONSTRUCTION:	Non-residential: <input type="checkbox"/>	Fire Resistive: <input type="checkbox"/>	Masonry: <input type="checkbox"/>
	Frame: <input type="checkbox"/> # Stories:	Basement- Finished: <input type="checkbox"/>	Unfinished: <input type="checkbox"/> None: <input type="checkbox"/>
	Enclosure: Yes <input type="checkbox"/> No <input type="checkbox"/>	Post-FIRM <input type="checkbox"/>	Pre-FIRM <input type="checkbox"/>
FOUNDATION:	Slab: <input type="checkbox"/> Pilings: <input type="checkbox"/>		
	Type of Pilings: Wood: <input type="checkbox"/> Concrete: <input type="checkbox"/> Driven: <input type="checkbox"/> Poured: <input type="checkbox"/>		
	Building Elevated: Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, is risk waterfront property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Any portion of the Building Situated over water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Any prior flood losses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Amount of Loss: \$	Date of Loss:	/ /
Who to contact for inspection:		Phone No.:	
REQUESTED COVERAGE AMOUNT		RATE	PREMIUM
BUILDING:			\$
CONTENTS:			\$
BUSINESS Income:			\$
DEDUCTIBLE:		Sub-total	\$
		Policy Fee	\$
		Inspection Fee	\$
		Tax	\$
		Additional Fee	\$
Requested Date of Coverage:	/ /	TOTAL	\$

Applicant/Insured Signature: _____ Date: ____/____/____

Producer Signature: _____ License # _____ Date: ____/____/____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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