

# Excess Flood Program Application

<b>Applicant</b>	<b>Social Security #</b>	<b>Occupation</b>	<b>Date of Birth</b>
Mailing Address		City/State/Zip	County
Insured Location		City/ State /Zip	County
Producer Name Email Address	Agent License #	Phone Number	
Present NFIP/WYO Carrier		Policy #	
Expiration Date	Expiring Premium	Effective Date of this policy	
Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession			
If prior carrier non-renewed, why?			
If the insured has not carried insurance within the last 12 months please explain why?			
<b>Mortgagee Mailing Address Including Zip Code</b>		Loan #	
Name/Address			
Additional Insured (Name/Address/City/State/Zip)			

**LOSS HISTORY - MUST BE FILLED OUT COMPLETELY**  
 (Please include ALL losses)

Date	Type of Loss	Cause	Amount	Preventative Measures

**DWELLING INFORMATION**

County	Territory #		Year Built	Year Purchased
Construction Type <input type="checkbox"/> Frame/Stucco/ EIFS <input type="checkbox"/> Brick/Stone/Masonry <input type="checkbox"/> Superior	Occupancy Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk		Square Footage	
Description of the lowest floor			Basement	<input type="checkbox"/> Y <input type="checkbox"/> N
Foundation Type <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts			Enclosure	<input type="checkbox"/> Y <input type="checkbox"/> N
Building Elevated <input type="checkbox"/> Y <input type="checkbox"/> N		Breakaway walls <input type="checkbox"/> Y <input type="checkbox"/> N	Building Diagram # (if available)	
Distance to Ocean/ Bay/ Gulf/ River        ft.                                  miles				

**UNDERWRITING INFORMATION**

Maximum Underlying Limits Carried <input type="checkbox"/> Y <input type="checkbox"/> N	Building: Est. Replacement Cost	\$
NFIP/WYO Program <input type="checkbox"/> Regular <input type="checkbox"/> Preferred	<b>Building Limit Requested</b>	\$
Number of Families <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family	Contents Estimated Cost	\$
Number of Floors                                  Condominium Unit	<b>Contents Limit Requested</b>	\$
Basement <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished		
<b>Flood Zone</b>	<input type="checkbox"/> Pre Firm        OR <input type="checkbox"/> Post Firm	<b>Elevation Difference</b> (+/-BFE)

**Maximum Available Underlying Limits Must Be Carried At All Times During The Policy Term**

<b>Additional Information / Comments</b>

**NOTICE OF INSURANCE INFORMATION PRACTICES:** Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**IMPORTANT ADDITIONAL NOTICES:**

1. This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

**Applicant's Statement:** The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance. The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In order to bind coverage the following must accompany this application:

- |  |                                |
|--|--------------------------------|
| 1. Net Premium                               | 5. Diligent Effort Form        |
| 2. Copy of Excess Flood Quote                | 6. Elevation Certificate       |
| 3. Copy of Current NFIP/WYO Declaration Page | 7. Property Inspection Contact |
| 4. Evidence of Wind Coverage                 | Name:                          |
|  | Phone #                        |



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