



Excess Flood Program Application

Applicant	SS#	Occupation	Employer	Date of Birth
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?				
Mortgagee Mailing Address Including Zip Code				
Name/Address			Loan #	
Additional Insured				
Name/Address/City/State/Zip				

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

<u>Date</u>	<u>Type of Loss</u>	<u>Cause</u>	<u>Amount</u>	<u>Preventative Measures</u>

DWELLING INFORMATION

County	Territory #	Year Built
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	Year Purchased Square Footage
Description of the lowest floor	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation Type: <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts	Enclosure <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Elevated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Breakaway walls: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Diagram # (if available)
Distance to Ocean/ Bay/ Gulf/ River:	ft. miles	

UNDERWRITING INFORMATION

Maximum Underlying Limits Carried: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building: Est. Replacement Cost \$
NFIP/WYO Program: <input type="checkbox"/> Regular <input type="checkbox"/> Preferred	Building Limit Requested \$
Number of Families: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family	Contents Estimated Cost \$
Number of Floors: Condominium Unit	Contents Limit Requested \$
Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	
Flood Zone <input type="checkbox"/> Pre Firm or <input type="checkbox"/> Post Firm	Elevation Difference (+/-BFE)

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

Additional Information / Comments

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."

Additional Information Required for quote

1. Copy of Current NFIP/WYO Declaration Page
2. Elevation Certificate
3. Evidence of Wind Coverage
4. Diligent Effort Form
5. Property Inspection Contact
Name:
Phone #

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:** _____