

Excess Flood Insurance Application

Applicant		Phone Number	Employer	Date of Birth
Mailing Address			City/State/Zip	
Insured Location			City/State/Zip	
Producer Name Email Address		License #	Phone Number	
Present NFIP/WYO Carrier			Policy #	
Effective Date	From	To		
Expiration Date	Expiring Premium		Is Insurance Required by the Lender	Y N
Within the last 5 years has the applicant had a Foreclosure Bankruptcy Repossession				
Prior Carrier/Excess Flood Carrier		If prior carrier cancelled or 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				

REQUESTED LIMITS

Building: Estimated Replacement Cost \$	Building Limit Requested \$
Contents: Estimated Cost \$	Contents Limit Requested \$

LOSS HISTORY- MUST BE FILLED OUT COMPLETELY (Include ALL losses – If more than 2 losses, please attach an additional sheet with specific details for each loss)

Date	Type of Loss	Cause	Amount	Preventative Measures

DWELLING/UNDERWRITING INFORMATION

County	Community Panel #	Located in Special Flood Hazard Area		Flood Zone
		Yes	No	
Pre-Firm OR Post-Firm	Emergency Program? Y N Date entered _____ (Emergency Program does not qualify for Lexington Flood Program)	Elevation Difference (+/- BFE)		
Construction Type	Frame/Stucco/ EIFS Brick/Stone/Masonry Superior	Year Built _____ Year Purchased _____		
Occupancy Type	Primary Secondary Rental Secondary Rental Builders Risk	Square Footage _____		
Number of Families	Single Family 2 – 4 Family (is one of the units occupied by the insured? _____)			
Description of the Lowest Floor		Basement	Y N	
Foundation Type:	Concrete Slab Concrete Block Pilings/Stilts	Enclosure	Y N	
Building Elevated Y N	Breakaway Walls Y N	Obstruction Y N	Building Diagram # (if available)	
Distance to Ocean/ Bay/ Gulf/ River/Other Source of Flooding		Ft.	Miles	
Maximum Underlying Limits Carried Y N		Number of Floors (Incl. Basement)	Condominium Unit Floor #	
NFIP/WYO Program	Regular Preferred	Basement or Enclosed Area Below an Elevated Building	Finished	Unfinished
Contents Located in:		Basement/Enclosure	Basement/Enclosure and Above	Lowest Floor Above Ground Level
			Lowest Floor Above Ground Level & Higher	

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

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 IN 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.

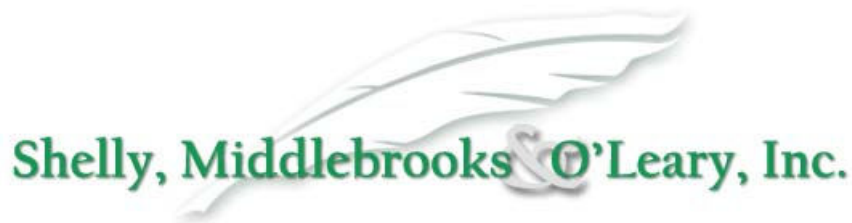
The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRODUCER'S SIGNATURE: _____

DATE: _____



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