Dual Commercial

Excess flood insurance application

Please read this application carefully and complete all sections.

Section I – Applicant

Insured:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Property Location: _____ _____

City: _____ County:_____ State:_____ Zip:_____

Section II – Underwriting Information

NFIP Flood Zone:_____

Date of Construction:_____

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached.

Occupation: Single Family: ☐ Residential Duplex/Apartment: ☐ # of Units:_____

Residential – Condominium: ☐ # of Units: _____

Commercial – Condominium: ☐ # of Units: _____

Commercial:

If a business, description of operations:_____ _____

If a business and contents overage is desired please provide a description of contents/inventory and how it is stored:

_____

Construction Type: Frame: ☐ Fire Resistive: ☐ Masonry: ☐ Other: ☐ _____

Number of floors including basement: _____

Square footage of lowest floor? _____

Building on driven pilings? Yes ☐ No ■

Basement or enclosure: Yes ☐ No ☐ Finished ☐ Unfinished ☐

If yes, are wash through or breakaway walls present? : Yes ☐ No ■

Is the building elevated? : Yes ■ No ☐ If yes, at what height? _____ ft.

Any flood losses (last 5 yrs.) _____ (If yes, please attach loss run or description of loss)

Distance to closest body of water:_____ Ocean: _____ River: _____ Other: _____

Total insurable values	**Coverage Type**	**Value**
	A) Building replacement cost:	$_____
	B) Contents replacement cost:	$_____
	C) Loss of income (12 months):	$_____

Section III – Excess Limits Required:

Requested effective Date:_____

Building: $_____

Contents: $_____

Loss of income: $_____

Section IV – Underlying Flood Policy Information:

Primary flood carrier:_____ Current excess flood carrier:_____

Policy Number:_____ Excess policy number:_____

Policy effective date:_____ Policy effective date:_____

Section V – Mortgagee information

Primary mortgagee:_____ Loan #:_____

Mailing address: _____

City: _____ State:_____ Zip: _____

Section VI – Notice to insured

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

_____ _____

Signature of Applicant (Insured) Date

Section VII – Producer information

Broker/Agency Name:_____

Mailing Address:_____

City:_____ State:_____ Zip: _____

Contact Person: _____ Tele: _____ Fax:_____

Surplus Lines Broker Name:_____

Address: _____

License No: _____

A signed application is not required to obtain a quote; however, in order to issue the policy, we must receive the following documentation:

1. Completed application with the insured's signature
2. Copy of the underlying declaration page or completed NFIP application
3. Surplus lines broker's responsibility statement
4. Copy of elevation certificate, if applicable
5. Signed TRIA notice, if applicable