



500 S. Dixie Highway, Suite 220
Coral Gables, FL 33146
Phone: 888-774-9977 Fax: 305-774-6363

FLOOD APPLICATION

Agency Name: _____ Agency Code: _____

Effective Date: _____ New Application Renewal of Pol #: _____

Insured's Name: _____

Mailing Address: _____

Location Address: _____

(if different from above) _____

Name of LOCAL Contact for Inspection: _____ Phone: _____

1st Mortgagee: _____

Mailing Address: _____

Loan Number: _____

RENEWAL POLICIES:

Have there been any changes to the underwriting information since the prior term?

NO YES (*MUST COMPLETE "NEW BUSINESS UNDERWRITING INFORMATION" ON PAGE 2)

NEW BUSINESS AND RENEWAL:

Any Prior Flood Losses: No Yes Amount: _____ Date of Loss: _____

COVERAGES:

Building

Replacement Cost Value: _____ Coverage: _____ Deductible: _____

Contents

Replacement Cost Value: _____ Coverage: _____ Deductible: _____

Loss of Use: (Business Income / Fair Rental Value / Additional Living Expense) _____

Notes (Additional Mortgagees / Notes to Underwriter / Etc.):

NEW BUSINESS UNDERWRITING INFORMATION:

Type of Risk:

Commercial Enter Occupancy(s): _____

Single Family Home Enter Occupancy: Primary Secondary/Seasonal Vacant Tenant

Condo (Single Unit) Enter Occupancy: Primary Secondary/Seasonal Vacant Tenant

Multi-Family / Apartment Building Number of Units: _____

Condo Association Building Number: _____ of _____ Number of Units in Bldg.: _____

Other: _____

Is the risk Pre-Firm or Post-Firm: Pre-Firm Post-Firm

Year Built: _____ Square Ft: _____ No. of Stories: _____

Construction: Frame Masonry Other _____

Foundation: Slab on Grade Elevated Split Level

Is there a basement? No Yes If yes: Finished or Unfinished

Is there an enclosure? No Yes If yes: Finished or Unfinished

Flood Zone: _____ Waterfront Property Less than 1,000 ft. from tidal water

25% MINIMUM EARNED PREMIUM

\$500 MINIMUM PREMIUM

NOTE: The insured applicant warrants the truthfulness of its information which will be material in the event of a claim. Any misrepresentation and concealment herein will void all coverage.

Premium: _____

Fees: _____

Taxes: _____

Total: _____

Insured Signature: _____ Date: _____

Producer Signature: _____ Printed: _____

Agent of Record:

Name: _____ License #: _____ License State: _____

Agency contact email for this policy (where correspondences and renewals will be sent):
