

Flood Insurance Application

Please read this application carefully and complete all sections.

Section I – Applican	t:					
Insured:						
Mailing Address:						
City:	State:		Zip:			
Property Location:						
City:	County:	State:	Zip:			
Section II – Underw	riting Information:					
NFIP Flood Zone:	_					
Date of Construction:_						
If Post-FIRM Construct	ion and Zone A or V, elevation cert	ificate must be attached.				
Occupation: Single Family: Commercial Residential Duplex/Apartment: # of Units:						
Residential – Condomi	nium: 🔲 # of Units: Com	mercial – Condominium:	# of Units:			
Primary Residence?						
	n of operations:	_	ner:			
v .	UDING basement:	, <u> </u>				
Square footage of lowes						
Basement Informati	on:					
Basement or enclosure:	Yes No No	Finished	Unfinished 🗌			
I	f yes, are all 4 sides below grade?:	Yes No No				
I	f yes, are wash through or breakawa	ay walls present? : Yes	□ No □			
Machinery and equipm	ent within the basement or crawl sp	pace?				
Furnace or Boiler:	Heat Pump: Air Conditione	er: 🔲 Hot Water Heate	r: 🗆			
Oil Tank: 🗌	Elevator Equipment: Cister	rn: 🗌 Other Machinery	:			
List total value of mach	inery & equipment:					

Dual Commercial



Elevated Building:				
Is the building elevated?: Yes \(\scale \) No \(\scale \) If yes, at what height? ft.				
If yes: On Pilings: \square Concrete Piers/Columns: \square Concrete Shear Walls: \square Solid Perimeter Walls: \square				
If yes, are wash through or breakaway walls present? : Yes \square No \square				
Is area below the raised floor enclosed? Yes No If yes size of enclosure in square feet?				
If yes, is area enclosed with:				
Does Area have flood vents, openings or breakout panels? Yes $\ \square$ No $\ \square$				
Garage Information:				
☐ None ☐ Attached ☐ Detached Total Square Feet				
Additional Information:				
Is there a mid-level foyer in the building? Yes No Size of the mid-level foyer?				
Is mid-level foyer used for purposes other than building access? Yes $\ \square$ No $\ \square$				
Are there elevators below the base flood elevation? Yes $\ \square$ No $\ \square$				
Number of elevators :				
Elevator enclosure material? Please describe				
Property Purchase Date Is policy for: Owner				
Is the intended use of the building for business? Yes $\ \square$ No $\ \square$				
Is the building a rental property? Yes \(\square\) No \(\square\)				
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:				
Is this property located in a CBRA area (Coastal Barrier Resource Act)? Yes No Is this property located in a Non-Participating Community? Yes No Is this policy replacing an NFIP policy that is currently Grandfathered? Yes No Is this property located in a community that is currently in a Suspended or Emergency Status? Yes No				
Section III – NFIP Limits Required: Requested effective Date:				
Total insurable values Building replacement cost:\$Contents replacement cost:\$				
Requested NFIP Limits: Ruilding: \$ Contents: \$ Deductible: \$				

Dual Commercial Section IV – Mortgagee Information:



Primary mortgagee:	Loan #:		
Mailing address:			
City:	State:	Zip:	
Section V – Notice to Insured:			
Note: This application shall become a part particulars are true, that I/we have not su		·	
form shall be the basis of the Contract with		S	••
Signature of Applicant (Insured)	Date		