



INSURED INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Property Address (if different): _____

City: _____ **State:** _____ **Zip Code:** _____

First Mortgagee: _____ **Loan #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Second Mortgagee: _____ **Loan #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Current Flood Carrier: _____ **Policy #** _____

UNDERWRITING INFORMATION

OCCUPANCY: Warehouse Strip Shopping Center Office Building
 Hotel/Motel Builders Risk Other _____

CONSTRUCTION: Non-residential Fire Resistive Masonry Frame

Stories: _____

Basement: Finished Unfinished None

Enclosure: Yes No Post-Firm Pre-firm

FOUNDATION: Slab Pilings

Type of Pilings: Wood Concrete Driven Poured

Building Elevated: Yes No **Year Built:** _____ **NFIP Flood Zone:** _____

Base Flood Elevation: _____ **Lowest Floor Elevation:** _____ **Elevation Difference:** _____

Building Replacement Cost: _____ **Contents:** _____

Distance to Water: Property within 1,000 feet of water? Yes No
 If yes, is risk waterfront property? Yes No
 Any portion of the building over water? Yes No
 Any prior flood losses? Yes No

Amount of Loss: _____ **Date of Loss:** _____

INSPECTION CONTACT

Name _____ Phone: _____
Email: _____

SIGNATURE AND DATE

Applicant

Name (Please Print) Title

Signature of person named above Date Signed

**The above signed warrants that She/He is authorized to complete & execute this application on behalf of the insured. This application must be signed by the CEO, President, Chairman or Executive Director of the company.*

Producing retail agent / broker

Producer (Please Print) Producer Signature

Date Signed

Agency Name

Street

City, State & Zip Code