



245 Waterman Street, Suite 501, Providence, RI 02906 • 35 Braintree Hill Office Park, Suite 200, Braintree, MA 02184 Call us at 401-351-0066 (RI) or 781-794-1400 (MA) • Visit us on the web at www.decotisinsurance.com

Primary / CBRA Flood Questionnaire

Please attach Flood Elevation Certificate or Flood Determination Certificate or advise why neither can be supplied for this submission

Insured Information

Name:

Mailing Address:

Property Location Address (if different from Mailing Address):

Risk Information

Occupancy of Location:

Construction of Location:

Year Built:

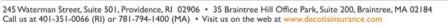
Number of storeys:

Basement: YES or NO

Limits Information

100% Total Value/Replacement Cost of Buildings100% Total Value/Replacement Cost of ContentsPrimary Buildings Limit Required:Primary Contents Limit Required







Flood & Additional Information

Building Diagram Number:

Any NFIP breakaway Walls or approved flood venting:

Pre or Post Firm:

NFIP Flood Zone:

Base Flood Elevation (Please provide Flood Elevation Certificate):

Lowest Floor Elevation: (Please provide Flood Elevation Certificate):

Elevation Difference:

Is property within 1,000 feet of any body of water:

Any portion of the building situated over water: YES or NO

Any prior flood losses in the last 5 years:

Any Additional Information:

Signature and Date

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| App | meant S | Signature |

Date

Applicant's Name (Please Print)