



DECOTIS
SPECIALTY INSURANCE

EXCESS FLOOD APPLICATION

Applicant/Insured: _____

Mailing 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: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Fax # _____

Current Homeowner Carrier: _____ Policy # _____

Current Excess Flood Company: _____ Policy # _____

UNDERWRITING INFORMATION

OCCUPANCY: Single Family _____ Primary _____ Secondary Residence _____ Tenant Occupied _____
Vacant _____ # Condo Units _____ Condo Assoc. _____ Office Bldg. _____ Hotel/Motel _____ Builder Risk _____
Other _____

CONSTRUCTION: Residential _____ 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: _____

REPLACEMENT COST OF BUILDING: _____

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 Situated over water? Yes: _____ No: _____ Any prior flood losses? Yes: _____ No: _____

Amount of Loss: \$ _____ Date of Loss: _____ / _____ / _____

Who to contact for inspection: _____ Phone # _____

REQUESTED COVERAGE AMOUNT

BUILDING: _____

CONTENTS: _____

RATE

PREMIUM

\$ _____

\$ _____

Sub-total \$ _____

Policy Fee \$ _____

Inspection Fee \$ _____

Tax \$ _____

Additional Fee \$ _____

TOTAL \$ _____

REQUESTED DATE OF COVERAGE: ____/____/____

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.

*Primary policy declaration page **must** be submitted with this application*

Applicant/Insured Signature: _____ Date: ____/____/____

Producer Signature: _____ License# _____ Date: ____/____/____