DECOTIS
SPECIALTY INSURANCE

RESIDENTIAL FLOOD QUESTIONNAIRE

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 Buildings

100% Total Value/Replacement Cost of Contents

Primary Buildings Limit Required:

Primary Contents Limit Required

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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

_____ _____
Applicant's Signature Date

_____
Applicant's Name (Please Print)