



COMMERCIAL FLOOD INSURANCE APPLICATION

Please read this application carefully and complete all sections.

Section I – Applicant:

Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Location: _____

City: _____ County: _____ State: _____ Zip: _____

Section II – Underwriting Information:

NFIP Flood Zone: _____

Date of Construction: _____

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached.

Occupation: Single Family: Commercial Residential Duplex/Apartment: # of Units: _____

Residential – Condominium: # of Units: _____ Commercial – Condominium: # of Units: _____

If a business, description of operations: _____

Construction Type: Frame: Fire Resistive: Masonry: Other: _____

Number of floors including basement: _____

Square footage of lowest floor? _____

Basement Information:

Basement or enclosure: Yes No Finished Unfinished

If yes, are all 4 sides below grade? : Yes No

If yes, are wash through or breakaway walls present? : Yes No

Machinery and equipment within the basement or crawl space?

Furnace or Boiler: Heat Pump: Air Conditioner: Hot Water Heater:

Oil Tank: Elevator Equipment: Cistern: Other Machinery: _____

List total value of machinery & equipment: _____

Elevated Building:

Is the building elevated? : Yes No If yes, at what height? _____ ft.

If yes: On Pilings: Concrete Piers/Columns: Concrete Shear Walls: Solid Perimeter Walls:

If yes, are wash through or breakaway walls present? : Yes No

Is area below the raised floor enclosed? Yes No If yes size of enclosure in square feet? _____

If yes, is area enclosed with:

Light Wood Lattice: Masonry Walls: Solid Walls: Breakaway Walls: Insect Screening:



Does Area have flood vents, openings or breakout panels? Yes No

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 No

Are there elevators below the base flood elevation? Yes No

Number of elevators : _____

Elevator enclosure material? Please describe _____

Property Purchase Date _____ Is policy for: Owner Tenant

Is the intended use of the building for business? Yes No

Is the building a rental property? Yes No

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: _____

Section III – NFIP Limits Required:

Requested effective Date: _____

Total insurable values _____ Building replacement cost: \$ _____ Contents replacement cost: \$ _____

Requested NFIP Limits: Building: \$ _____ Contents: \$ _____ Deductible: \$ _____

Section IV – Mortgagee Information:

Primary mortgagee: _____ Loan #: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Section V – Notice to Insured:

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

Signature of Applicant (Insured)

Date