

GENERAL INFORMATION	Effective Date: _____
Insured Name: _____	
Mailing Address : _____	
Property Address (if different to above) _____	

UNDERWRITING INFORMATION	NFIP Flood Zone _____
100% Replacement Cost Values:	
Building (s) \$ _____ Contents \$ _____ B.I. \$ _____ (12 months)	
Limits Requested:	
Building(s): Limit \$ _____ Contents: Limit \$ _____ B.I.: Limit \$ _____ (12 months)	
Deductible: \$ _____ Deductible: \$ _____ Deductible: \$ _____	
OCCUPANCY (check all which apply):	
Operations at location being covered: _____	
If Contents coverage required, describe type of Contents _____	
Residential	
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex/Townhome <input type="checkbox"/> Apartment/Condo Primary Residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Commercial Building	
<input type="checkbox"/> Office Building <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Condo No. of Units _____ <input type="checkbox"/> Other (describe) _____	
CONSTRUCTION	
a) Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry w/Veneer <input type="checkbox"/> JM <input type="checkbox"/> MNC <input type="checkbox"/> Other (describe) _____	
b) Foundation Type: <input type="checkbox"/> Basement Finished <input type="checkbox"/> Basement Unfinished <input type="checkbox"/> Basement Walkout <input type="checkbox"/> Crawlspace	
<input type="checkbox"/> Slab <input type="checkbox"/> Piers/Posts/Pilings Are Washthrough or Breakaway Walls Present? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Is first Floor Parking only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) Year Built _____	
e) Total Square Footage? _____ sf.	
f) Number of stories (including basement)? _____	
LOSS RECORD	
Any Flood losses past 5 years Yes <input type="checkbox"/> No <input type="checkbox"/>	
if yes, amount (s) and date (s) loss(es) _____	
Mortgagee:	
Name: _____	
Address: _____	
Loan Number: _____	

INSURED SIGNATURE: _____	Dated: _____
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