

Account Information

Applicant/Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address (if different): _____

City: _____ State: _____ Zip Code: _____

First Mortgage: _____ Loan No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Name: _____ Loan No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Underwriting Information

Occupancy:

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

Construction:

Residential	Non-residential	Fire Resistive	Masonry	Frame	# Stories
Basement		Enclosure		Post-FIRM	Pre-FIRM
Finished:	Unfinished:	None:	Yes:	No:	

Foundation:

Slab	Pilings	Type of Pilings				Building Elevated	
		Wood:	Concrete:	Driven:	Poured:	Yes:	No:
Year Built	NFIP Flood Zone	Base Flood Elevation		Lowest Floor Elevation		Elevation Difference	

Any portion of the Building Situated over water? Yes No

Loss History: * Have there ever been any flood losses? Yes* No Amount of Loss: _____ Date of Loss: _____

*The answer to this question is material to the underwriting and binding of any insurance coverage. Disclose all flood loss information. Loss history details are required prior to binding coverage.

Who to contact for inspection: _____ Phone No: _____

Replacement Cost of Building: _____

Requested Coverage Amount

Building(s): _____ **Contents:** _____ **Deductible:** _____

Requested Date of Coverage: _____

I UNDERSTAND AND AGREE THAT IF THE INFORMATION OR REPRESENTATION CONTAINED HEREIN ARE NOT TRUE OR FOUND OTHERWISE TO BE INACCURATE THE INSURER SHALL HAVE AN ABSOLUTE RIGHT TO RESCIND THE POLICY IN ITS ENTIRETY AND PURSUE ANY COURSE OR ACTION (LEGAL OR OTHERWISE) THAT THE INSURER DEEMS APPROPRIATE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL, CIVIL PENALTIES AND DECLINATION OF INSURANCE COVERAGE.

*APPLICANT CONFIRMS THERE ARE NO PRIOR LOSSES ON SUBJECT PROPERTY (PROPERTIES) UNLESS DISCLOSED AND APPROVED.

Applicant/Insured Signature: _____ **Date:** _____

Producer Signature: _____ **License #:** _____ **Date:** _____