



## COMMERCIAL - EXCESS FLOOD INSURANCE APPLICATION

### APPLICANT

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MORTGAGEE INFORMATION

Primary Mortgagee: \_\_\_\_\_ Loan #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### UNDERLYING FLOOD POLICY INFORMATION

Primary Flood Carrier: \_\_\_\_\_ Current Excess Flood Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Excess Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

### RISK INFORMATION

Occupancy: Single Family  2-4 Family  Commercial-Habitational  # of Units \_\_\_\_\_

Commercial Other  NFIP Flood Zone: \_\_\_\_\_  Attached Elevation Certificate - Required for all  
Post Firm Zones (A, V, Shaded X Locations) \_\_\_\_\_

If a business, description of operations:  
\_\_\_\_\_

Construction Type: Frame  Fire Resistive  Masonry  Other

Number of Floors Including Basement: \_\_\_\_\_ Date of Construction: \_\_\_\_\_

Basement or Enclosure: (specify) \_\_\_\_\_ Finished:  Unfinished:

Contents stored in basement: Yes  No  Any Flood Losses (Last 5 Years): Yes  No   
(If yes, please attach loss runs or description of loss)

Distance to Closest Body of Water: \_\_\_\_\_ Ocean \_\_\_\_\_ River \_\_\_\_\_ Other \_\_\_\_\_

Who to Contact for Inspection: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Total Insurable Values:	COVERAGE TYPE	VALUE
	A) Building Replacement Cost:	\$ _____
	B) Contents Replacement Cost:	\$ _____
	C) Loss of Income: (12 months):	\$ _____

## EXCESS LIMITS REQUESTED PER BUILDING

Requested Effective Date: \_\_\_\_\_

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Loss of Income: \$ \_\_\_\_\_

## PRODUCER INFORMATION

Broker/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tele: \_\_\_\_\_ Fax: \_\_\_\_\_

## NOTICE TO INSURED

**Note:** This application shall become 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 the Underwriters.

\_\_\_\_\_  
Signature of Applicant (Insured)

\_\_\_\_\_  
Date

***Please sign, date and return the completed application accompanied with a copy of the underlying flood policy declarations page.***