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PERSONAL - 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.