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**EXCESS FLOOD INSURANCE APPLICATION**  
*Please read this application carefully and complete all sections.*

**SECTION I – APPLICANT**

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

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

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

**Physical Address:** \_\_\_\_\_

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

**SECTION II – MORTGAGEE INFORMATION**

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

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

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

**SECTION III – UNDERLYING FLOOD POLICY INFORMATION**

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

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

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

**SECTION IV – RISK INFORMATION**

**Occupancy:** Single Family \_\_\_\_\_ 2 – 4 Family \_\_\_\_\_ Commercial-Habitational \_\_\_\_\_ # of Units \_\_\_\_\_  
 Commercial Other \_\_\_\_\_ **NFIP Flood Zone:** \_\_\_\_\_

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

**Construction Type:** Frame \_\_\_\_\_ Fire Resistive \_\_\_\_\_ Masonry \_\_\_\_\_ Other \_\_\_\_\_

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

**Base Floor:** \_\_\_\_\_ **Lowest Flood Elevation:** \_\_\_\_\_

**Basement or Enclosure (specify)** \_\_\_\_\_ **Finished** \_\_\_\_\_ **Unfinished** \_\_\_\_\_ **Contents Stored in Basement:**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Replacement Cost of Building:** \$ \_\_\_\_\_ **Any flood losses in the last 5 yrs.:** Yes \_\_\_\_\_ No \_\_\_\_\_  
*(if yes, please attach loss run or description of loss)*

**Distance To Closest Body of Water:** \_\_\_\_\_ **Ocean** \_\_\_\_\_ **River** \_\_\_\_\_ **Other** \_\_\_\_\_

**Who to contact for Inspection:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**EXCESS FLOOD INSURANCE APPLICATION (cont.)**

*Please read this application carefully and complete all sections.*

**SECTION V – COVERAGE**

**Requested Effective Date:** \_\_\_\_\_ **Status:** New \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Expiring Policy No.** \_\_\_\_\_

<b>Coverage Amount Desired:</b>	<b>Rate Per \$100</b>	<b>Premium</b>
<b>Building:</b> \$ _____	_____	_____
<b>Contents:</b> \$ _____	_____	_____
<b>Loss of Income:</b> \$ _____	_____	_____
	<b>Sub-Total Premium</b>	_____
	<b>Surplus Lines Tax</b>	_____
	<b>Stamp Fees</b>	_____
	<b>Total Annual Premium</b>	_____

**SECTION VI – 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 Contracts with Underwriters.

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

\_\_\_\_\_  
**Date**

**SECTION VII – PRODUCER INFORMATION**

**Agency Name:** \_\_\_\_\_

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

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

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

**Surplus Lines Brokers**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**License No:** \_\_\_\_\_