



Agency Information

Name: _____ Contact: _____ Email: _____
Phone: _____ Address: _____

General Applicant and Policy Info

Insured Name: _____
Effective Date: _____ Target Pricing: _____ Coverage to Satisfy Loan: _____
Prior Coverage With: _____ Loss History (list in comments): _____
Mailing Address (if different): _____

Location Information:

Location Address: _____ Building Type: _____
Foundation Type: _____ Occupancy Type: _____ Year Built: _____ Sqr Ft: _____ #Units: _____
*Number of Floors: _____ *Construction Type: _____ Garage Type: _____
*Including Basement and Crawlspace

Answer Yes or No to the following

* Basement or Crawlspace/Enclosure Contains Machinery or Equipment: _____ * Garage Contains Machinery or Equipment: _____
Building/ Crawlspace/ Enclosure has Flood Vents: _____ Breakaway Walls: _____ Flood Proofing Cert: _____
Contents Located in Basement or Crawlspace/Enclosure: _____ Flood Vents Certified: _____ Elevation Certificate: _____
Property Within 1000 Feet of Water _____ Garage has Flood Vents: _____ Portion of the Building over water: _____

- **Fill Bellow If Basement/ Crawlspace/ Enclosure/ Garage Contains Machinery or Equipment**

<u>Machinery or Equipment</u>	<u>Value</u>	<u>Location</u>
<u>Air Conditioning</u>	_____	_____
<u>Boiler</u>	_____	_____
_____	_____	_____
_____	_____	_____

NFIP Flood Zone: _____ Building Diagram #: _____ Base Flood Elevation: _____ Lowest Floor Elevation: _____

Replacement Cost of Building: _____ Excess Limit Requested: _____

Primary Limit: _____ Primary Carrier: _____

Primary Policy Number: _____

Mortgagee/ Loss Payee: _____

Comments: _____

Agent Signature: _____ Applicant Signature _____