



**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**

<b><u>Machinery or Equipment</u></b>	<b><u>Value</u></b>	<b><u>Location</u></b>
<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 \_\_\_\_\_