

Primary Flood Application

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Agency Information

| Name: | Contact: | | Email: | | |
|---|------------------------------------|---------------------------|----------------------|--------------|--|
| Phone: | Address: | | | | |
| | General Applicant a | nd Policy Info | | | |
| Insured Name: | | | | | |
| Effective Date: | | | age to Satisfy Loan: | | |
| Prior Coverage With: | | | | | |
| Mailing Address (if different): | | | | | |
| | Location Infor | | | | |
| Location Address: | | Building Type: | | | |
| Foundation Type: | Occupancy Type: | Year Built: | Sqr Ft: | #Units: | |
| *Number of Floors: | *Construction Type: | ion Type: Garage Type: | | | |
| *Including Basement and Crawlspace | | | | | |
| | Answer Y/N to the | following | | | |
| | | - | | | |
| * Basement or Crawlspace/Enclosure Conta | | | | | |
| Building/ Crawlspace/ Enclosure has Flood \ | | | | | |
| Contents Located in Basement or Crawlspac | e/Enclosure: Floo | od Vents Certified: | Elevation C | Certificate: | |
| Property Within 1000 Feet of Water | Garage has Flood Vents | S: Portion of | the Building over wa | ater: | |
| Fill Bellov | v If Basement/ Crawlspace/ Enclose | ure/ Garage Contains Mac | hinery or Equipment | | |
| <u>Machinery or Equipment</u> <u>Air Conditioning</u> <u>Boiler</u> | Value | | | | |
| NFIP Flood Zone: Building Diagr | am #: Base Flood B | Elevation: | Lowest Floor Elevat | ion: | |
| eplacement Cost of Building: | | uilding Limit Requested: | | | |
| Replacement Cost of Contents: | | Contents Limit Requested: | | | |
| Loss of Use Limit Requested: | | | | | |
| Mortgagee/ Loss Payee: | | | | | |
| Comments: | | | | | |
| | | | | | |