



Name of Insured: _____

Property Location: _____
(Address) (City) (State) (Zip Code)

Effective Date: Loan Closing _____ 30 day wait _____ Map Revision/(1-day) _____ or Rollover/Renewal _____

Mailing Address (if different from property location): _____

Mortgagee Clause Name & Address: _____

Essential Rating Elements

1. **Community Name & Number:** _____ **Flood Zone** _____
2. **Elevation Certificate:** ☐ Yes ☐ No *(If Yes, please attach. Required for all Post FIRM buildings)*
3. **Construction Date:** _____ **Date of Purchase:** _____
4. **The insured(s) resides here (% of the year):** ☐ 0% - N/A ☐ 50% or less ☐ 51%-79% ☐ 80% or more
5. **Occupancy type:** ☐ Single Family ☐ 2-4 Family ☐ Non-Residential ☐ Other Residential
6. **Building Use:** ex: main house, guest house, detached garage, clubhouse, Other: _____
7. **Condominium building:** ☐ Yes ☐ No **Number of Units:** _____ **Condominium unit owner:** ☐ Yes ☐ No
8. **Number of Floors:** (include the basement/enclosure/crawlspace in # of floors) _____
9. **Foundation:** ☐ Slab on Grade ☐ Basement ☐ Crawlspace ☐ Walkout Basement ☐ Subgrade crawlspace
☐ Elevated- no enclosure ☐ Elevated with an enclosure
10. **Garage, Enclosure, and/or Basement:** ☐ Finished ☐ Unfinished ☐ N/A
11. **Garage:** ☐ None ☐ Attached ☐ Detached; Size sq ft: _____ # of Vents: _____ Size of each vent: _____
12. **Enclosure/Crawlspace:** Size sq ft _____ # of Vents _____ Size of each vent _____ Total venting area _____ (sq in)
13. **Elevators** ☐ Yes ☐ No # of Elevators _____
14. **Other Machinery & Equipment servicing building** _____
Location _____ **Value** _____
15. **Additions and Extensions (A & E) Coverage:** ☐ Building does not have A & E
☐ Coverage for main building and A & E ☐ Coverage does not include A & E ☐ Coverage is for A & E only
16. **Building Coverage Limit:** \$ _____ **Replacement Cost:** \$ _____
17. **Contents Coverage Limit** \$ _____ **Location of Contents:** ☐ N/A (no contents) ☐ Basement only
☐ Basement and above ☐ Lowest floor only-above ground level ☐ Lowest floor only-above ground level & higher floors
☐ Above ground level-more than one full floor
18. **Deductible:** ☐ \$1,000 ☐ \$1,250 ☐ \$1,500 ☐ \$2000 ☐ \$3000 ☐ \$4000 ☐ \$5000 Higher deductibles for Other Residential & Non Residential only ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$50,000 (only when insuring building & contents). **If the deductible selected is lower than allowed amount, we will choose next higher option**
19. **Mobile Home:** complete Part 2 of Application. Date of Construction: In park – date park was established. Outside of park – date of placement: _____
20. **If EC is required and not provided; policy will be rated as Provisional or Tentative.**

MUST BE PROVIDED:

Agency Name: _____ **Agency phone number:** _____

Agency ID: _____ **Email:** _____ **Agency fax number:** _____

Flood Quote/Application Disclosure

Premium quotations are based on the rating factors as shown on the quote/application. This quote must comply with the Federal Emergency Management Agency rules and rates and may be revised in accordance with applicable policy provisions. It is not a contract, binder of coverage, nor coverage recommendations. All coverages are subject to the terms, provisions, exclusions and conditions in the policy and its endorsements. If you have any questions, please contact the Flood Service Center.