



FLOOD INSURANCE APPLICATION

NEW POLICY RENEWAL POLICY

Date:
Insured:
Mailing Address:
City: State: Zip:
County:
Property Address (if different):
City: State: Zip:
County:

First Mortgagee:
Loan#:
Address:
City: State: Zip:

Agent
Agency Name:
Contact:
Address:
City: State: Zip:
Phone: Fax:
E-mail:
Tax ID#:

Surplus Lines Broker SWBC Other:
Agency Name:
Contact:
Address:
City: State: Zip:
Phone: Fax:
Tax ID#:

PLEASE CHECK ALL THAT APPLY:

Residential: Single Family Primary Residence Commercial: Condo.Bldg. Apt.Bldg.: # of Units:
2-4 Family Secondary Residence Hotel / Motel: # of Units:
Single Condo/Apt unit Tenant Occupied Other:

Flood Zone: Yr. Built: No. of Floors (incl. Basemnt): Pre- OR Post-FIRM: Elev. Difference:

Basement? Y N Elevated Bldg? Y N On pilings? Y N Enclosure Y N Size: sf

Construction: Frame Fire-resistive Masonry Other Use: Garage Access Storage Other

Distance from source of flooding: Describe source of flooding:

Any flood losses? Yes No If YES: Loss Date: Amount of loss: \$
Please describe. Include bldg/conts loss amounts:

Please indicate if the property is located in: A Non-participating Community A CBRA Area (CBRA risks are ineligible.)

DESIRED BUILDING COVERAGE LIMIT

BUILDING 100% RCV: \$ \$

Proposed Effective Date/Renewal Date:

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.

This application will be made part of the Insurance Policy. The undersigned warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation or concealment herein could void the coverage. SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements.

BROKER SIGNATURE: DATE:

INSURED SIGNATURE: DATE: