

EXCESS FLOOD INSURANCE APPLICATION

Please read this application carefully and complete all sections.

SECTION I - APPLICANT

Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Location: _____

City: _____ County: _____ State: _____ Zip: _____

SECTION II - MORTGAGEE INFORMATION

Primary Mortgagee: _____ Loan #- _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION III - UNDERLYING FLOOD POLICY INFORMATION

Primary Flood Carrier: _____ Current Excess Flood Carrier: _____

Policy Number: _____ Excess Policy Number: _____

Policy Effective Date: _____ Policy Effective Date: _____

SECTION IV - RISK INFORMATION

Occupancy: Single Family 2-4 Family Commercial-Habitational # of Units _____

Commercial Other _____ NFIP Flood Zone _____

If a business, description of operations: _____

Construction Type: Frame Fire Resistive Masonry Other _____

Number Of Floors Including Basement: _____ **Date of Construction:** _____

Basement or Enclosure: (specify) _____ Finished Unfinished **Contents Stored In Basement:**

Yes No

If Post-FIRM Construction, please provide elevation difference: _____ **Any flood losses (last 5 yrs.):** Yes No

(If yes, please attach loss run or description of loss)

Distance To Closest Body of Water: _____ Ocean _____ River _____ Other _____

Who To Contact For Inspection: _____ **Telephone:** _____

Total Insurable Values:

	COVERAGE TYPE	VALUE
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A) Building Replacement Cost: \$ _____

B) Contents Replacement Cost: \$ _____

Q Loss of Income (12 months): \$ _____

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SECTION V - COVERAGE

Requested Effective Date: _____

Status: New:

Renewal:

Expiring Policy No.: _____

Coverage Amount Desired:

Premium

Building: \$ _____

Contents: \$ _____

Loss of Income: \$ _____

Sub-Total Premium: _____

Surplus Lines Tax: _____

Stamp Fee: _____

Policy Fee: _____

Total Annual Premium: _____

SECTION VI - NOTICE TO INSURED

Note: **This application shall become a part of the Certificate.** I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application Form shall be the basis of the Contract with Underwriters.

Signature of Applicant (Insured)

Date

SECTION VII - PRODUCER INFORMATION

Broker/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Tele: _____ Fax: _____

Surplus Lines Broker Name: _____

Address: _____

License No.: _____

Please sign, date and return the completed application accompanied with a copy of the underlying flood policy declarations page and remit payment by Brokers' Trust Account Check, **payable to: Aberdeen insurance Group, Inc.**