



Excess Flood Insurance

GENERAL INFORMATION

Insured Name: _____

Mailing Address: _____

Contact: _____ Phone: _____

Location address if difference from above: _____

UNDERWRITING INFORMATION

***Values:** Building (s) \$ _____ (Attach SOV for multi-building submissions)

Contents \$ _____

Income \$ _____ (100%)

(*Values must represent 100% Replacement Cost)

NFIP Flood Zone: _____ BFE: _____ LFE : _____

(Attach Elevation Certificate - Mandatory)

OCCUPANCY (check all which apply)

Residential: _____ Non-Residential: _____ Single Family: _____

Condominium: _____ No. of Condo Units: _____

Office Bldg.: _____ Hotel/Motel: _____ Other: _____

CONSTRUCTION

Year Built: _____ Construction Type: _____ Pre-Firm: _____ Post-Firm : _____

Number of Stories : _____ Building On Driven Pilings: Yes _____ No _____

Basement: Yes _____ No _____ Building located within 1,000 ft. of coastline: Yes _____ No _____

Square Footage: _____

Is building currently under construction? _____ If yes, advise start date: _____

Completion date: _____

LOSS RECORD

Any Flood losses past 5 years: Yes _____ No _____ If yes, attach loss runs.

REQUESTED LIMITS

Buildings \$ _____ Contents \$ _____
Loss of Income \$ _____
Effective Date Required : _____

Underlying Limits:

Buildings \$ _____ Contents \$ _____
Loss of Income \$ _____

NFIP/WYO: _____ Other Carrier: _____
Policy Number: _____

Mortgagee or Loss Payee (Y/N): _____ (Attach separate sheet for additional interests)

Name: _____
Address: _____

Loan Number: _____

Insured(s) Signature _____ **Date** _____

Agency Name and Address _____

Agency Phone # _____ **Agent Email** _____

Agent Signature _____ **Date** _____

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