

Insured Type: Personal Commercial

1. Insured Name: _____
 2. Mailing Address: _____
 3. Risk Location: _____
 4. Is this the Insured's primary residence? yes no If no, what is the use? _____
 5. Is it a rental property? yes no
 6. Contact Phone #: _____ Email Address: _____
 7. Effective Date: _____ Loan Closing: Mortgage Refinance: or 30 Waiting Period:
 8. What is/was the date of purchase? _____
 9. Have there been any claims in the last 10 years at this property? yes (list below) no
 10. Is there a prior flood policy on this property? yes (list below) no
 11. Occupancy Type: One Family Two Family 3 or 4 Family condo non-residential
residential/mercantile
 12. # of stories (exclude the basement/include attic): one floor two floors 3 or more floors split
level with mid-level entry townhouse/row house manufactured/mobile ho
 13. Year built: _____ Square footage: _____ Construction type (frame/masonry): _____
 14. Is the building elevated? yes no If yes, what is it elevated on? _____
 15. Basement type: no basement (slab) unfinished basement finished Sq footage: _____
 16. Is there any machinery or equipment in the basement? furnace (value) heat pump oil tank
water heater washer/drier food freezer other
 17. Is the dwelling under construction? yes or no
 18. Is there an attached garage? yes sq.ft no
 19. Are there any flood openings in the garage (excluding doors)? yes no If yes, how many? and
the size
 20. Is there any machinery or equipment in the garage? yes no If yes, please list each piece with the
value: _____
 21. Building Coverage: \$ _____ Deductible: _____
 22. Contents Coverage: \$ _____ Deductible: _____
 23. Replacement Value of the dwelling: _____
 24. Do you need excess flood coverage? Yes No
 25. If Yes, additional amount: \$ _____ for dwelling or contents
- Broker Name: _____
- Email Address: _____
- Phone #: _____