



PRIMARY RESIDENTIAL FLOOD INSURANCE

DATE MM/DD/YYYY

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:			
AGENCY NO:		Email Address:	
PHONE (A/C, No. Ext):			
	NEW	CURRENT POLICY NUMBER	
	RENEWAL		
WAITING PERIOD:			
	STANDARD 30 DAY		LOW TRANSACTION – NO WAITING
	MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA) – ONE DAY		LENDER REQUIRED – NO WAITING (SFHA ONLY)
POLICY PERIOD IS FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		12:01 AM LOCAL TIME AT THE INSURED PROPERTY LOCATION
NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF INSURED:			
PROPERTY LOCATION:			
IS THE PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?			
<input style="width: 50px; height: 20px;" type="checkbox"/>	YES	<input style="width: 50px; height: 20px;" type="checkbox"/>	NO (IF NO ENTER PROPERTY ADDRESS – DO NOT USE P.O. BOX)
NAME AND ADDRESS OR FIRST MORTGAGEE:			

CONSTRUCTION:

BUILDING OCCUPANCY:			
<input style="width: 30px; height: 20px;" type="checkbox"/> SINGLE FAMILY	<input style="width: 30px; height: 20px;" type="checkbox"/> 2 FAMILY	<input style="width: 30px; height: 20px;" type="checkbox"/> OTHER RESIDENTIAL	<input style="width: 30px; height: 20px;" type="checkbox"/> NON-RESIDENTIAL (INC HOTEL/MOTEL)

IS BUILDING ELEVATED?

YES NO

IF "YES", AREA BELOW IS:

FREE OF OBSTRUCTION WITH OBSTRUCTION

IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE APPLICATION

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION:

BUILDING USE:

MAIN HOUSE/BUILDING DETACHED GUEST HOME DETACHED GARAGE
 AGRICULTURAL BUILDING POOLHOUSE, CLUBHOUSE, RECREATION BUILDING WAREHOUSE
 TOOL/STORAGE SHED OTHER:

CONTENTS LOCATED IN:

BASEMENT / ENCLOSURE BASEMENT / ENCLOSURE AND ABOVE LOWEST FLOOR ONLY ABOVE GROUND LEVEL
 LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ABOVE GROUND LEVEL MORE THAN ON FULL FLOOR (IF SINGLE FAMILY CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO, IF NO PLEASE DESCRIBE

ALL BUILDINGS (CHECK ONE OF THE THREE BLOCKS AND RECORD CORRESPONDING DATE IN DATE BOX)

BUILDING PERMIT DATE DATE OF CONSTRUCTION
 SUBSTANTIAL IMPROVEMENT DATE DATE (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION?

YES NO

IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATED RATED, ATTACH CERTIFICATION.

COVERAGE AND RATING:

DEDUCTIBLE:	BUILDING \$	CONTENTS \$
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COVERAGE	LIMITS		
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM
BUILDING			.00
CONTENTS			.00

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF THIS FORM.

I HAVE READ THIS ENTIRE APPLICATION AND ANY ATTACHMENTS, I DECLARE AND WARRANT THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED AND WARRENTED TO THE COMPANY AS A CONDITION TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

SIGNATURE OF INSURANCE AGENT / BROKER

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)