

National Flood Insurance Application

Please read this application carefully and complete all sections.

| Section I – Applicant: | | | |
|---------------------------------|--------------------------------|---------------------------|------------------------|
| Insured: | | | |
| Mailing Address: | | | |
| | | | Zip: |
| Property Location: | | | |
| City: | County: | State: | Zip: |
| Section II – Underwriting | ; Information: | | |
| NFIP Flood Zone: | | | |
| Date of Construction: | | | |
| If Post-FIRM Construction ar | nd Zone A or V, elevation cert | ificate must be attached. | |
| Occupation: Single Family: | ☐ Commercial ☐ Reside | ential Duplex/Apartment: | # of Units: |
| Residential – Condominium: | # of Units: Com | mercial – Condominium | # of Units: |
| If a business, description of o | perations: | | |
| Construction Type: Frame: | ☐ Fire Resistive: ☐ | Masonry: O | ther: 🗌 |
| Number of floors including ba | asement: | | |
| Square footage of lowest floor | ? | | |
| Basement Information: | | | |
| Basement or enclosure: Ye | s 🗌 No 🖂 | Finished | Unfinished |
| | are all 4 sides below grade? : | | Ommisned |
| | are wash through or breakawa | | □ No □ |
| Machinery and equipment wi | | | |
| Furnace or Boiler: Hea | - | | er· 🗍 |
| | ator Equipment: Cister | | |
| List total value of machinery | | in other Machiner | j |
| Ziot total varie of macimicity | z equipmenti | | |
| Elevated Building: | | | |
| Is the building elevated?: | Yes □ No □ If ye | es, at what height? | _ ft. |
| If yes: On Pilings: Con | crete Piers/Columns: | Concrete Shear Walls: | Solid Perimeter Walls: |
| If yes, a | are wash through or breakawa | ay walls present?: Yes | □ No □ |
| Is area below the raised floor | enclosed? Yes No | ☐ If yes size of enclose | sure in square feet? |
| If yes, is area enclosed with: | | | |
| Light Wood Lattice: ☐ Ma | asonry Walls: 🔲 Solid Wa | lls: | lls: |

Dual Commercial



| Does Area have flood vents, openings or breakout panels? Yes No |
|---|
| Garage Information: |
| □ None □ Attached □ Detached Total Square Feet |
| Additional Information: |
| Is there a mid-level foyer in the building? Yes No Size of the mid-level foyer? |
| Is mid-level foyer used for purposes other than building access? Yes $\ \square$ No $\ \square$ |
| Are there elevators below the base flood elevation? Yes \square No \square |
| Number of elevators : |
| Elevator enclosure material? Please describe |
| Property Purchase Date Is policy for: Owner |
| Is the intended use of the building for business? Yes $\ \square$ No $\ \square$ |
| Is the building a rental property? Yes \(\square\) No \(\square\) |
| Any flood losses (last 5 yrs.) (If yes, please attach loss run or description of loss) |
| Distance to closest body of water: Ocean: River: Other: |
| Section III – NFIP Limits Required: Requested effective Date: |
| Total insurable values Building replacement cost:\$Contents replacement cost:\$ |
| Requested NFIP Limits: Building:\$ Contents:\$ Deductible:\$ |
| Section IV – Mortgagee Information: |
| Primary mortgagee: Loan #: |
| Mailing address: |
| City: State: Zip: |
| Section V – 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 |