

EXCESS FLOOD INSURANCE APPLICATION



☐ NEW POLICY

Date: _____
Insured: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____

Property Address (if different): _____

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

Primary Flood Ins. Carrier: _____
Policy Number: _____

If XS of XS:

Excess Flood Ins. Carrier: _____
Excess Flood Ins. Policy No.: _____

PLEASE CHECK ALL THAT APPLY:

Residential: ☐ Single Family ☐ Primary Residence
☐ 2-4 Family ☐ Secondary Residence
☐ Single Condo unit ☐ Tenant Occupied

Commercial: ☐ Condo.Bldg. ☐ Apt.Bldg.: # of Units: _____
☐ Hotel / Motel: # of Units: _____
☐ Other: _____

How long has the insured owned or occupied the building? _____ ☐ Years ☐ Months ☐ New Purchase/New Occupancy

Flood Zone: _____ **Yr. Built:** _____ **No. of Floors** (incl. Basemnt): _____ ☐ Pre- OR ☐ Post-FIRM: Elev. Difference: _____

A zone risks w/neg. Elev. Diff. and w/in 1000' of water are ineligible. V zone risks must be on pilings. V zones w/neg. Elev. Diff. are ineligible.

Basement? ☐ Y ☐ N Elevated Bldg? ☐ Y ☐ N On pilings? ☐ Y ☐ N Enclosure ☐ Y ☐ N Size: _____ sf

Construction: ☐ Frame ☐ Fire-resistiv ☐ Masonry ☐ Other _____ Use: ☐ Garage ☐ Access ☐ Storage ☐ Other

Distance from source of flooding: _____ Describe source of flooding: _____

Have there been any flood losses? ☐ Yes ☐ No If Yes: Loss Date: _____ Amount of loss: \$ _____

Please describe. Include bldg/conts loss amounts: _____

Commercial Contents: Describe: _____ Skidded or shelved? _____ Height Above Floor: _____

For V Zone Inspection: Contact Name: _____ Telephone: (_____) _____

Residential risks must be insured to a total of 80% of the building RCV or the maximum limit available, whichever is less.

	<u>Primary Coverage Limit</u>	<u>Requested XS Coverage Limit</u>
BUILDING 100% RCV: \$ _____	\$ _____	\$ _____
CONTENTS ACV: \$ _____	\$ _____	\$ _____

Annual Business Income: \$ _____ **Requested BI Limit:** \$ _____ BI Deductible is \$100K/occ

Primary SF residences: Add \$5,000 Additional Living Expense Coverage? ☐ Y ☐ N

DESIRED EFFECTIVE DATE: _____

Coverage will be effective on the proposed effective date shown above or five (5) days after this application (with premium payment) has been date-stamped by the appointed broker and accepted by the Underwriter, WHICHEVER IS LATER.

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.

This application will be made part of the Insurance Policy. **The undersigned warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation or concealment herein could void the coverage.**

SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements. **The underlying coverage must be written at maximum limits.**

COVERAGE HEREUNDER WILL CEASE IF THE UNDERLYING COVERAGE LAPSES OR IS CANCELLED OR NON-RENEWED.

AGENT SIGNATURE: _____ DATE: _____

INSURED SIGNATURE: _____ DATE: _____