



FLOOD INSURANCE APPLICATION

___NEW POLICY ___RENEWAL POLICY

Date:_____

Insured:_____

Mailing Address:_____

City:_____State:_____Zip:_____

County:_____

Property Address (if different):_____

City:_____State:_____Zip:_____

County:_____

First Mortgagee:_____

Loan#:_____

Address:_____

City:_____State:_____Zip:_____

Agent

Agency Name:_____

Contact:_____

Address:_____

City:_____State:_____Zip:_____

Phone:() Fax:()

E-mail: _____

Tax ID#:_____

Surplus Lines Broker ☐SWBC ☐Other:

Agency Name:_____

Contact:_____

Address:_____

City:_____State:_____Zip:_____

Phone:() Fax:()

Tax ID#:_____

PLEASE CHECK ALL THAT APPLY:

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

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

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

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

Construction: ☐Frame ☐Fire-resistive ☐Masonry ☐Other_____ Use:☐Garage ☐Access ☐Storage ☐Other

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

Any flood losses? ☐Yes ☐No If YES: Loss Date:_____ Amount of loss:\$_____

Please describe. Include bldg/conts loss amounts:_____

Please indicate if the property is located in: ☐ A Non-participating Community ☐ A CBRA Area (CBRA risks are ineligible.)

DESIRED BUILDING COVERAGE LIMIT

BUILDING 100% RCV: \$_____ \$_____

Proposed Effective Date/Renewal Date:_____

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.

BROKER SIGNATURE:_____ **DATE:**_____

INSURED SIGNATURE:_____ **DATE:**_____