



EXCESS FLOOD INSURANCE APPLICATION

COMPLETE ALL APPLICABLE FIELDS AND CLICK File > Send File IN THE PDF WINDOW TO EMAIL THE APPLICATION AND ANY ATTACHMENTS TO floodwatch.und@floodwatchins.com

SECTION 1 - APPLICANT

EFFECTIVE DATE

Month Day Year

INSURED

MAILING STREET ADDRESS

CITY

STATE

ZIP CODE

PROPERTY STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

SECTION 2 - RISK INFORMATION NEEDED TO QUOTE

OCCUPANCY

IF CONDO, NUMBER OF UNITS

RESIDENTIAL

APARTMENTS

CONDOS

COMMERCIAL

DESCRIBE BUSINESS OPERATIONS AND BUSINESS PERSONAL PROPERTY

CONSTRUCTION TYPE

FRAME

MASONRY

FIRE RESISTIVE

Non-Combustible

FOUNDATION

**FLOOD VENTS OR
BREAKAWAY WALLS?
IF YES, DESCRIBE.**

SQUARE FEET (Total)

NUMBER OF FLOORS, INCLUDING BASEMENT

YEAR BUILT

TYPE OF PILINGS

NONE

WOOD

CONCRETE

CLOSEST BODY OF WATER: NAME AND DISTANCE

**RISK
ELEVATED**
YES
NO

**ELEVATION
DIFFERENCE**

FLOOD ZONE

UNDERLYING BUILDING COVERAGE

\$250,000

\$250,000 PER UNIT

\$500,000

FLOOD LOSSES PAST FIVE YEARS

YES

NO

IF YES, PLEASE LIST

COVERAGE INFORMATION NEEDED TO QUOTE

TOTAL INSURABLE VALUES (TIV)

BUILDING TIV

CONTENTS TIV

**LOSS OF INCOME/RENTS
TIV**

REQUESTED COVERAGE LIMITS -BUILDING

REQUESTED COVERAGE LIMITS- CONTENTS

REQUESTED COVERAGE LIMITS -LOSS OF INCOME/RENTS

EXPIRING PREMIUM

TARGET PREMIUM

ADDITIONAL INFORMATION NEEDED TO ISSUE POLICY

First Mortgagee

LOAN NUMBER

MAILING ADDRESS

SECOND MORTGAGEE

LOAN NUMBER

MAILING ADDRESS

PRIMARY FLOOD INSURANCE CARRIER

POLICY NUMBER

EFFECTIVE DATE

CURRENT EXCESS INSURANCE CARRIER

POLICY NUMBER

EFFECTIVE DATE

PRODUCER INFORMATION

AGENCY NAME

PRODUCER NAME

PHONE

FAX

EMAIL

MAILING STREET ADDRESS

CITY

STATE

ZIP CODE

REMARKS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)*include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)*include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE OF APPLICANT (INSURED)

DATE
