



Flood Quote Questionnaire

Instructions:

- **Complete all questions on form.**

Applicant Information

Named Insured: _____

Property address: _____ Property City: _____

State: _____ Zip: _____ County: _____ Telephone #: _____

Mailing Address: _____

Email: _____

Building: Owned Leased Landlord's Name: _____

If owned, is it leased to others? Yes No

Builders Risk: Construction Drawings Course of Construction

Federal Land: Yes No

Risk Underwriting Information - Occupancy:

Residential Single Family 2-4 Family (Apartment, etc.) Condominium Unit Owner Mobile Home/Unit

Other Residential: (Apartment, Dormitory, Assisted Living Facility) Non-Residential

Small Business Less than 100 employees

House of Worship: Yes No Agricultural Structure: Yes No

Business Property: Yes No Primary Residence: Yes No

Mixed Occupancy: Percentage: Residential: _____% Non-Residential: _____%

Describe operations: _____

Date of Construction: _____ Substantial Improvement Date: _____

Substantial Improvement 51% of Market Value: Yes No

Building Purchase Date: _____

of Floors: _____ # of Units/Occupancies: _____ Additions/Extensions: Yes No

Building over water: Entirely Partially Not over water

Foundation:

Slab on Grade

Crawlspace: Sub-grade all sides: Yes No

Split Level Split Level w/Crawlspace Split Level w/Basement

Basement: Below grade all 4 sides: Yes No Finished Unfinished

Elevated w/enclosure Elevated without/enclosure

Building: Sq. Ft: _____

Machinery/Equipment Servicing the Building located in: Basement Crawlspace Garage Enclosure

Describe: _____ Value: _____

Garage: Sq. Ft: _____ Attached (grade) Detached Underground (below grade)

Construction Type: Masonry Frame Stucco

Elevated Building - (no basement, lowest floor raised above ground level) Yes No

Building raised by: Columns Pilings Posts Solid Perimeter Walls

Is the area below raised floor **enclosed:** Partially Wholly Sq. Ft of enclosed area: _____

Enclosed by: Breakaway walls Insect Screening Light wood lattice Masonry Walls

Solid Walls If solid Walls, number of Vent Openings: _____ Square Inches: _____

Floodproofing: Certification Issued: Yes No If yes, provide copy of certification.

Prior NFIP Coverage:

Has the applicant had a prior NFIP Policy for this property? Yes No

Was the policy required by the lender under mandatory purchase? Yes No

Has the prior NFIP policy ever lapsed while coverage was required under mandatory purchase by the lender? Yes No

Mortgagee Information:

Insurance required under mandatory purchase? Yes No Disaster Assistance: Yes No

New Loan **Refinance** **Loan Closing Date:** _____ **Loan Number:** _____

First Mortgagee Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Loss Information

Severe Repetitive Loss property: Yes No

Any flood losses within the last five years: Yes No

Is this Policy required for Disaster Assistance? Yes No

If yes, attach loss detail.

Building & Contents

Building Replacement Cost Value: _____ Contents Replacement Cost Value: _____

Building limit: _____ Contents limit: _____ Deductible: _____

Location of Contents:

Basement & above Enclosure & above Ground level & higher One story above ground level & higher

Excess Flood Quote Required: Yes No

NOTICE TO APPLICANT

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.

Applicant Name and Title

Date