



NON PAR & CBRA FLOOD APPLICATION

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

NAME OF INSURED

INSURED MAILING STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

INSURED PROPERTY STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TYPE OF RISK

COASTAL (Within 5 miles of salt water)

EFFECTIVE DATE

CLOSEST BODY OF WATER

CONSTRUCTION TYPE

YEAR BUILT

OF STORIES / FLOORS INCLUDING BASEMENT

RISK ELEVATED

BASEMENT

ELEVATION DIFFERENCE

FLOOD ZONE

TIV: BUILDING

TIV: CONTENTS

COVERAGE LIMITS REQUESTED: BUILDING

COVERAGE LIMITS REQUESTED: CONTENTS

5 YEAR LOSS RECORD FLOOD ONLY INSURED / UNINSURED LOSSES

NAME OF AGENCY

CONTACT

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

MORTGAGEE

ADDRESS

CITY

STATE

ZIP CODE

LOAN NUMBER

REMARKS SECTION

NOTICE TO INSURED:

Any person who knowingly and with intent to defraud any insurance company or another 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 face material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, Insurance benefits may also be denied).

COLORADO:

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.

NEW JERSEY:

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

OHIO:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA:

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company or Floodwatch as its agent, provides a quotation offering to provide insurance coverage and the insurance company or Floodwatch as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

SIGNATURE OF APPLICANT (INSURED)

DATE