



COMMERCIAL - EXCESS FLOOD INSURANCE APPLICATION

APPLICANT

Insured: _____

Mailing Address: _____

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

Property Location: _____

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

MORTGAGEE INFORMATION

Primary Mortgagee: _____ Loan #: _____

Mailing Address: _____

UNDERLYING FLOOD POLICY INFORMATION

Primary Flood Carrier: _____ Current Excess Flood Carrier: _____

Policy Number: _____ Excess Policy Number: _____

Policy Effective Date: _____ Policy Effective Date: _____

RISK INFORMATION

Occupancy: Single Family 2-4 Family Commercial-Habitational # of Units _____

Commercial Other NFIP Flood Zone: _____

Attached Elevation Certificate - Required for all

Post Firm Zones (A, V, Shaded X Locations) _____

If a business, description of operations: _____

Construction Type: Frame Fire Resistive Masonry Other

Number of Floors Including Basement: _____ * Date of Construction: _____

Total Area of All Floors Above Grade Level _____

Basement or Enclosure: (specify) Finished: Unfinished:

Contents stored in basement: Yes No Any Flood Losses (Last 5 Years): Yes No
(If yes, please attach loss runs or description of loss)

Distance to Closest Body of Water: _____ Ocean _____ River _____ Other _____

Who to Contact for Inspection: _____ Telephone: _____

* An elevation certificate is required for all locations built after 12-31-74

Continued on Page 2

COMMERCIAL - EXCESS FLOOD INSURANCE APPLICATION

Total Insurable Values:	COVERAGE TYPE	VALUE
	A) Building Replacement Cost:	\$ _____
	B) Contents Replacement Cost:	\$ _____
	C) Loss of Income: (12 months):	\$ _____

EXCESS LIMITS REQUESTED PER BUILDING

Requested Effective Date: _____

Building: \$ _____

Contents: \$ _____

Loss of Income: \$ _____

PRODUCER INFORMATION

Broker/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Tele: _____ Fax: _____

Email Address: _____

NOTICE TO INSURED

Note: This application shall become part of the Certificate. 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 with the Underwriters.

Signature of Applicant (Insured)

Date

Please sign, date and return the completed application accompanied with a copy of the underlying flood policy declarations page and elevation certificate as required.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: 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 fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA Insurance benefits may also be denied).

I have read and accept the above {To be signed by the Insured / Applicant}

Insured / Applicant Signature

Date