



**Braishfield**  
a division of Hull & Company, LLC

5750 Major Blvd Ste 200  
Orlando, FL 32819  
888.335.6616  
[www.braishfield.com](http://www.braishfield.com)

## **SUBMISSION INSTRUCTIONS**

Thank you for choosing Braishfield. We appreciate the opportunity to provide you with a quote for this risk.

In order to obtain a quote, please submit the following:

- Fully Completed Application
- Elevation Certificate (if applicable)

You can submit by:

Email directly to your **assigned** underwriter:

Heather Perkins

689-208-9475

[hperkins@braishfield.com](mailto:hperkins@braishfield.com)

Megan Seeley

689-208-9490

[mseeley@braishfield.com](mailto:mseeley@braishfield.com)

**OR**

If you are unsure of your assigned underwriter:

Email to [service@braishfield.com](mailto:service@braishfield.com)

**OR**

Fax to 888-335-6615

**NOTE: If faxing, please be sure to include a cover page with your name, phone number and email address.**

Thank you for your business.

# Excess Flood Insurance Application

Applicant Name		Occupation	Employer	Date of Birth
Insured Location		City/State/Zip		County
Mailing Address (if different than Insured Location)		City/ State/Zip		
Agency Name		Phone Number	Agency Contact	Email
Prior Carrier	Expiration Date	Expiring Premium		Effective Date of this policy
If prior carrier cancelled or non-renewed, why?			Is Insurance Required by the Lender	Y   N
If the insured has not carried insurance within the last 12 months please explain why?				
Present NFIP/WYO Carrier			Policy #	
Within the last 5 years has the applicant had (check all that apply) [   ] Foreclosure [   ] Bankruptcy [   ] Repossession [   ] Lien [   ] Judgment				
Mortgagee Name/Address/City/State/Zip				Loan #
Additional Insured Name/Address/City/State/Zip				

### REQUESTED LIMITS

Building: Estimated Replacement Cost      \$	Building Limit Requested      \$
Contents: Estimated Cost      \$	Contents Limit Requested      \$

### LOSS HISTORY- MUST BE FILLED OUT COMPLETELY (Include ALL losses – If more than 2 losses, please attach an additional sheet with specific details for each loss)

Date	Type of Loss	Cause	Amount	Preventative Measures

### DWELLING/UNDERWRITING INFORMATION

County	Community Panel #	Located in Special Flood Hazard Area		Flood Zone
		Yes	No	
Pre-Firm      OR      Post-Firm	Emergency Program?    Y    N	Date entered _____		Elevation Difference      (+/- BFE)
(Emergency Program does not qualify for Program)				
<b>Construction Type</b>	Frame/Stucco/ EIFS	Brick/Stone/Masonry	Superior	Year Built _____ Year Purchased _____
<b>Occupancy Type</b>	Primary	Secondary	Rental    Secondary Rental    Builders Risk	Square Footage _____
<b>Number of Families</b>	Single Family	2 – 4 Family (is one of the units occupied by the insured? _____)		
Description of the Lowest Floor				Basement      Y      N
Foundation Type:	Concrete Slab	Concrete Block	Pilings/Stilts	Enclosure      Y      N
Building Elevated	Y    N	Breakaway Walls	Y    N	Obstruction    Y    N
Distance to Ocean/ Bay/ Gulf/ River/Other Source of Flooding				Building Diagram # (if available)
Ft.		Miles		
Maximum Underlying Limits Carried      Y    N		Number of Floors (Incl. Basement)		Condominium Unit Floor #
NFIP/WYO Program	Regular	Preferred	Basement or Enclosed Area Below an Elevated Building	Finished      Unfinished
Contents Located in:	Basement/Enclosure	Basement/Enclosure and Above	Lowest Floor Above Ground Level	Lowest Floor Above Ground Level & Higher

**Maximum Available Underlying Limits Must Be Carried At All Times During The Policy**



**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:**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 IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS::** 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 OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS::** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS::** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Applicant's Statement:**

The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_