

EXCESS FLOOD SUPPLEMENTAL

INSURED NAME _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

GENERAL INFORMATION

Type of Risk (Select One):

Commercial

Dwelling

Condo

Apartment

Replacement Cost of Building: _____

Construction Type (Select One):

Frame

NC

JM

MNC

FR

Square Footage: _____

Number of Stories: _____

UNDERWRITING INFORMATION

Is the risk Pre-Firm or Post-Firm? (Select One)

Pre-Firm

Post-Firm

Year Built: _____

Has the risk in question had any prior flood-related losses? Yes / No

Is there an elevation certificate on file? Yes / No If yes, please attach to this supplemental

Identify the flood zone risk is located in: _____

List the risk's base flood elevation: _____

Risk's distance from tidal water: _____

Please classify the risk using the elements below: _____

1. No basement / enclosure

2. Basement

3. Enclosure

4. Elevated on crawl space

5. Non-elevated with subgrade

6. Basement and alcove

7. Enclosure and above

8. Lowest floor only above ground level

9. Above ground level more than one full floor

UNDERLYING POLICY LIMITS

Underlying Carrier: _____

Building: _____

Contents: _____

Business Income / loss of use (cannot be more than 10% of real property limit): _____

EXCESS LIMIT DESIRED

Building: _____

Contents: _____

Applicant Signature / Date

Producer Signature / Date