

PRIMARY 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

POLICY LIMITS

Building: _____

Contents: _____

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

** Please note that our program is designed to insure full values, not basic NFIP limits.

** We will consider loan amount on residential dwellings.

Applicant Signature / Date

Producer Signature / Date