



APPLICATION FOR FLOOD INSURANCE

Policy Term	Policy Period From: _____ To: _____ 12:01AM Local at the insured property location Waiting Period <input type="checkbox"/> Standard 30-Day <input type="checkbox"/> Map Rev. (Zone change from non-SFHA toSFHA) - One Day <input type="checkbox"/> Loan Transaction - No Waiting <input type="checkbox"/> Lender Required - No Waiting (SFHA only)		
Insured Location	Legal Name _____ Address _____ City, State, Zip _____ Telephone _____ Fax _____ Email _____	Mortgagee Name _____ Address _____ City, State, Zip _____ Telephone _____ Fax _____ Email _____	
Insured Mailing Address (if different then location): _____			
Building	<input type="checkbox"/> Building Occupancy <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Non - Residential	Number of Floors in the entire building: _____ Number of occupancies (#units): _____ Is the building Insured's Principal Residence? Y / N Is the building in course of construction? Y / N Is the building walled and roofed? Y / N	Is the building over water? <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Entirely Is the Building Elevated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, area below is: <input type="checkbox"/> Free of Obstruction <input type="checkbox"/> With Obstruction
Building	Basement, Enclosure, Crawlspace <input type="checkbox"/> None <input type="checkbox"/> Finished Basement/Enclosure <input type="checkbox"/> Unfinished basement/Enclosure <input type="checkbox"/> Crawlspace <input type="checkbox"/> Subgrade Crawlspace	Condo form of ownership? <input type="checkbox"/> Y <input type="checkbox"/> N Condo coverage is for : Unit <input type="checkbox"/> Entire building <input type="checkbox"/> Estimated Replacement Cost Amount: \$ _____ Building Coverage Requested: \$ _____	Building Association Policy Only: Total # of Units: _____ High Rise <input type="checkbox"/> Low Rise <input type="checkbox"/>
Contents	Contents Located In: <input type="checkbox"/> Basement/Enclosure <input type="checkbox"/> Basement/Enclosure and Above <input type="checkbox"/> Lowest Floor Only Above Ground Level <input type="checkbox"/> Lowest Floor Above Ground Level and Higher <input type="checkbox"/> Above Ground Level More than One Floor	Contents Coverage Requested: \$ _____ Is Personal Property Household Contents: <input type="checkbox"/> Y <input type="checkbox"/> N If no please describe: _____	
Construction	Date of Construction: _____ Substantial Improvement Date: _____ Is the Building POST-FIRM Construction? <input type="checkbox"/> Y <input type="checkbox"/> N Attached elevation Certificate		Elevation Certificate Date: _____ Lowest Floor Elevation: _____ Base Flood Elevation: _____ Lowest Adjacent Grade: _____

Email this application to info@insureflood.com or fax application to (212) 203-3612