EXCESS FLOOD APPLICATION

Applicant/Insured

Name:
Mailing Address:
City:
State: AL Zip Code:
Property Address (if different):
City:
State: AL Zip Code:

Mortgagee

Loan Number:
Name:
Mailing Address:
City:
State: AL Zip Code:

Underlying NFIP Carrier
Company Name:
Policy Number:

Current Excess Flood Carrier
Company Name:
Policy Number:

Underwriting Information

Occupancy
☐ Single Family ☐ Commercial ☐ Apartment Building ☐ Residential Condo **Number of Units:** **Comm Condo:**

Construction
☐ Frame ☐ Fire Resistive ☐ Masonry ☐ Other: **# of Stories**: **Sq. Footage of Lowest Floor:** **Year Built:**

Foundation
☐ Slab ☐ Pilings ☐ Crawl Space **On Driven Pilings?**: No **Basement:** ☐ None ☐ Finished ☐ Unfinished

Commercial Properties

Description of Business:

Description of Contents:

Description of Stock/Inventory (if applicable):
NFIP Flood Zone: **County of Property Location**: **Distance to Water**:
Water Source: ☐ Ocean ☐ River ☐ Other: **Any portion of the building situated over water?:** No

Any prior flood issues?: No **Amount of Loss:** $ **Date of Loss:**

	Replacement Cost Value	Primary Layer	Excess Layer
Building			
Contents			
Business Income (12-Month Value)			

Required Documents: **1. Elevation Certificate (if zone A or V and Post-Firm construction)**
2. Primary Layer Declaration Page (if available)

Requested Date of Coverage:

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 CIVIL PENALTIES.

Applicant/Insured Signature: Date:

Producer Signature: License Number: Date: