

Flood Information Sheet

Applicant Information

Named Insured(s)/Business: _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Insured Contact Phone (only used at the time of a loss for adjuster): _____

Requested Effective Date: _____ Bank Required (Yes or No) _____

Mortgagee: _____

Loan # _____

Property Information

Occupancy: Single Family Home, Apt. Complex, Residential Condo(s), Non-Res. Building, Other _____

If Non-Residential or Other, please specify building purpose _____

Foundation Type: basement, slab, above ground crawlspace, below ground crawlspace, split-level _____

Rental Property (Y or N) _____ If yes, is the insured the tenant (Y or N) _____

Basement (Finished/Unfinished or n/a): _____ Attached Garage (Y or N) _____

of Stories _____ # of Units _____ Replacement Cost _____

Building Coverage Requested _____ Building Coverage Deductible _____

Contents Coverage Requested _____ Contents Coverage Deductible _____

Property Purchase Date _____ Date of Construction _____

How much of the year do they reside there? (Check One) Less than 50% _____ 51%-79% _____ More than 80% _____