



**Applicant Information**

Named insured(s)/ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (only used at the time of loss for adjuster): \_\_\_\_\_

Requested effective date: \_\_\_\_\_ Bank required: Yes No

Mortgagee clause: \_\_\_\_\_

\* Has the applicant had a prior NFIP policy for this property: Yes No \*

**Property Information**

Occupancy: Single family Two to four family Other residential  
Other non-residential Non-residential business

Foundation type: Slab Finished basement Unfinished basement Split-level  
Above ground crawlspace Below ground crawlspace If crawlspace what is sq.ft. \_\_\_\_\_

# of units: \_\_\_\_\_ # of stories: \_\_\_\_\_ Attached garage: Yes No If yes, Sq. ft. : \_\_\_\_\_

Rental property: Yes No If yes, is the insured the tenant: Yes No

Property purchase date: \_\_\_\_\_ Date of construction: \_\_\_\_\_ Replacement cost: \_\_\_\_\_

Building coverage requested: \_\_\_\_\_ Building deductible requested: \_\_\_\_\_

Contents coverage requested: \_\_\_\_\_ Contents deductible requested: \_\_\_\_\_

How much of the year do they reside there: less than 50% 51%-79% More than 80%