

Excess Flood Application

Date: _____
 Insured: _____
 Mailing Address: _____
 City State Zip: _____

First Mortgagee: _____
 Loan #: _____
 Address: _____
 County: _____

Property Address (if different): _____
 City State Zip: _____
 County: _____
 Primary Flood Ins. Carrier: _____
 Policy Number: _____

Agency Name: _____
 Contact : _____
 Address: _____
 City State Zip: _____
 Phone Number: _____
 E-mail Address: _____

If XS of XS: _____
 Excess Flood Ins. Carrier: _____
 Excess Flood Ins. Policy No.: _____

Surplus Lines Broker: SWBC Other
 Company Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Tax ID#: _____

Please check all that apply:

Residential: Single Family	Primary Residence	Commercial:	Condo.Bldg.	Apt.Bldg.: # of Units: ___
2-4 Family	Secondary Residence		Hotel / Motel: # of Units: _____	
Single Condo unit	Tenant Occupied		Other: _____	

How long has the insured owned or occupied the building? _____ Years Months
 New Purchase/New Occupancy

Flood Zone: _____ **Year. Built:** _____ **No. of Floors** (incl. Basemnt): _____
Pre- OR Post-FIRM: Elev. Difference: _____

A zone risks w/neg. Elev. Diff. and w/in 1000' of water are ineligible. V zone risks must be on pilings. V zones w/neg. Elev. Diff. are ineligible.

Basement?	Yes	No	
Elevated Bldg?	Yes	No	
On pilings?	Yes	No	
Enclosure	Yes	No	Size: _____sf

Construction: Frame Fire-resistiv Masonry Other: _____
Use: Garage Access Storage Other: _____
 Distance from source of flooding: _____ Describe source of flooding: _____

Have there been any flood losses? Yes No

If Yes: Loss Date: _____ Amount of loss:\$ _____

Please describe. Include bldg/conts loss amounts: _____

