**Agency Name** Enter Name here

**Primary Flood Application**





APPLICANT/INSURED NAME:

Enter Name

MAILING ADDRESS:

Street Address

City . State Zip-Code

LOCATION ADDRESS (IF DIFFERENT):

Street Address

City . State Zip-Code

NUMBER OF FAMILIES: Choose.

OCCUPANCY: Choose Occupancy.

CONSTRUCTION: Choose.

YEAR BUILT: Year Built.

NUMBER OF FLOORS INCLUDING BASEMENT/ENCLOSURE/CRAWLSPACE: Choose.

FOUNDATION TYPE: Choose.

DOES BASEMENT/CRAWLSPACE/ENCLOSURE CONTAIN MACHINERY AND/OR EQUIPMENT: Y/N

GARAGE TYPE: Choose.

DOES GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT: Y/N

DOES GARAGE HAVE VENTS: Y/N

BREAKAWAY WALLS OR APPROVED FLOOD VENTS: Y/N

IF YES, PLEASE DESCRIBE: Click here to enter text.

BUILDING ELEVATED?: Y/N

BUILDING DIAGRAM NUMBER: Enter Value

PRE-FIRM / POST FIRM: Choose.

NFIP FLOOD ZONE: Enter.

BASE FLOOD ELEVATION: Enter.

LOWEST FLOOR ELEVATION: Enter.

ELEVATION DIFFERENCE: Enter.

IS PROPERTY W/I 1,000 FT OF ANY BODY OF WATER?: Y/N

ANY PORTION OF THE BUILDING SITUATED OVER WATER?: Y/N

REPLACEMENT COST OF BUILDING: Enter Value

REPLACEMENT COST OF CONTENTS: Enter Value

BUILDING LIMIT REQUESTED: Enter Value

CONTENTS LIMIT REQUESTED: Enter Value

LOSS OF USE LIMIT REQUESTED: Enter Value

DEDUCTIBLE: Choose.

ANY PRIOR FLOOD LOSSES IN THE PAST 7 YEARS?: Y/N

IF YES, PLEASE DESCRIBE: Click here to enter text .

MORTGAGEE: Click here to enter text .

Please attach Flood Elevation Certificate & Zone Determination Here:

For combination policy, Acord app may also be attached.



|  |  |
| --- | --- |
| Applicant Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Additional Attachments

