

PRIMARY FLOOD SUPPLEMENTAL

INSURED NAME _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

GENERAL INFORMATION

Type of Risk (Circle One): Dwelling Condo Apartment

Commercial [Enter Occupancy(s)] _____

Replacement Cost of Building: _____

Construction Type (Circle One): Frame NC JM MNC FR

Square Footage: _____ Number of Stories: _____

UNDERWRITING INFORMATION

(Circle One) Is the risk Pre-Firm or Post-Firm Year Built: _____

Has the risk in question had any prior flood-related losses? Yes / No

Is there an elevation certificate on file? Yes / No If yes, please attach to this supplemental

Identify the flood zone risk is located in: _____ List the risk's base flood elevation: _____

Risk's distance from tidal water: _____

Please classify the risk using the elements below:

- | | | |
|----------------------------|---|--|
| 1. No basement / enclosure | 2. Basement | 3. Enclosure |
| 4. Elevated on crawl space | 5. Non-elevated with subgrade | 6. Basement and alcove |
| 7. Enclosure and above | 8. Lowest floor only above ground level | 9. Above ground level more than one full floor |

POLICY LIMITS

Building: _____ Contents: _____

Business Income / loss of use (cannot be more than 10% of building limit): _____

** Please note that our program is designed to insure full values, not basic NFIP limits.

** We will consider loan amount on residential dwellings.

Applicant Signature / Date

Producer Signature / Date