

ACORD™ FLOOD INSURANCE APPLICATION

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext): _____		POLICY TYPE <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT POLICY # _____ <input type="checkbox"/> RNWL <input type="checkbox"/> FL		<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YRS
<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> RCBAP <input type="checkbox"/> SCHEDULED BUILDING <input type="checkbox"/> MPPP		DIRECT BILL TO <input type="checkbox"/> INSURED <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MTGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER		WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY INITIAL PURCHASE OF FLOOD INS RELATED TO: <input type="checkbox"/> LOAN-NO WAITING <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA)- ONE DAY POLICY EFF DATE _____ POLICY EXP DATE _____
AGENT'S <input type="checkbox"/> TAX ID <input type="checkbox"/> SOCIAL SECURITY # _____		INSURANCE COMPANY NAME _____		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
INSURED'S NAME, PHONE # AND MAILING ADDRESS _____ SOC SEC #: _____		PROPERTY LOCATION IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)		
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> 1. SBA <input type="checkbox"/> 2. FEMA <input type="checkbox"/> 3. FMHA <input type="checkbox"/> 4. OTHER (SPECIFY): _____				
CASE NUMBER OR SOCIAL SECURITY #: FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED: <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY) _____		
LOAN NUMBER: _____		SECOND MORTGAGEE OR OTHER LOAN NUMBER: _____		

CONSTRUCTION AND COMMUNITY INFORMATION

COUNTY/PARISH _____			RCBAP ONLY TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE		MANUFACTURED/MOBILE HOME ONLY:			
COMM # _____		PANEL # _____	SUFFIX _____	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING		YEAR/MAKE/MODEL: _____	WIDTH _____	LEN _____
LOC IN UNINCORP AREA OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS INSURED PROP OWNED BY STATE GOV? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS HOME A DOUBLEWIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS HOME PROPERLY ANCHORED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BASEMENT BELOW GRND ON ALL SIDES? <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED
FLOOD ZONE _____		MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE _____		# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> 2 <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME ON FOUNDATION		IS THERE EQUIPMENT (FURNACE, AIR CONDITIONER, HEAT PUMP, HOT WATER HEATER, ETC) IN THE BASEMENT OR ATTACHED GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS BUILDING SUBSTANTIALLY IMPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS BLDG IN COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOWEST FLOOR WHICH INCLUDES LIVING AREA IS OFF GROUND BY MEANS OF: <input type="checkbox"/> PILES <input type="checkbox"/> PIERS <input type="checkbox"/> SOLID PERIMETER WALLS <input type="checkbox"/> OTHER <input type="checkbox"/> POSTS <input type="checkbox"/> COLUMNS <input type="checkbox"/> PARALLEL SHEAR WALLS			DOES AREA BELOW ELEVATED FLOOR CONTAIN MACHINERY & EQPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NONRES (INC HOTEL/MOTEL) <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/>		IS BLDG PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE: THERE IS LIMITED COV BELOW THE LOWEST ELEV FLOOR - REVIEW THE POLICY				
LOCATION OF CONTENTS OWNED BY APPLICANT <input type="checkbox"/> BASEMENT ONLY (LIMITED COV) <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER FLOORS <input type="checkbox"/> BASEMENT & ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ONLY - ABOVE GROUND LEVEL <input type="checkbox"/> ONE FULL FLOOR OR MORE <input type="checkbox"/> MANUFACTURED/MOBILE HOME					IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO SOLID PERIMETER WITH OPENINGS ACCORDING TO CODE, SUCH AS VENTS (GARAGE DOORS ARE NOT PERMANENT OPENINGS). <input type="checkbox"/> YES <input type="checkbox"/> NO AREA IS: <input type="checkbox"/> FINISHED (20 OR MORE LINEAR FEET OF FINISHED WALLS) <input type="checkbox"/> UNFINISHED			
ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO					TYPE OF ENCLOSURE WALLS <input type="checkbox"/> BREAK-AWAY <input type="checkbox"/> LATTICE <input type="checkbox"/> SOLID PERIMETER <input type="checkbox"/> OTHER (DESC): _____			
CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY					AREA IS USED FOR <input type="checkbox"/> PARKING/STORAGE/ACCESS <input type="checkbox"/> OTHER (DESC): _____			
					ESTIMATED REPLACEMENT COST, SINGLE FAM PRIN RES, RCBAP & ALL V-ZONE BLDGS \$ _____			

COVERAGE AND RATING (One building per policy - blanket coverage not permitted)

COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REG PROGRAM ONLY)			DED DISC ANNUAL PREM REDUCTION	TOTAL PREMIUM	
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM			
BUILDING		.00		.00	.00		.00	.00	.00	
CONTENTS		.00		.00	.00		.00	.00	.00	
DEDUCTIBLES: BUILDING \$ _____ CONTENTS \$ _____		COMMUNITY RATING CLASS _____			ANNUAL SUBTOTAL _____			.00		
RATE TYPE <input type="checkbox"/> 1. MANUAL <input type="checkbox"/> 3. ALTERNATIVE <input type="checkbox"/> 5. MPPP <input type="checkbox"/> 2. SUBMIT <input type="checkbox"/> 4. V-ZONE RISK FACTOR <input type="checkbox"/> 6. PROV RATING		PAYMENT OPTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER			ICC PREMIUM _____			.00		
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION-RATED, SUBMIT ELEVATION CERTIFICATION AND COMPLETE THE ELEVATION DATA BELOW: (CERTIFICATE IS OPTIONAL FOR NON-BASEMENT BUILDINGS IN ZONES A, AO AND AH.)		SUBTOTAL _____			3 YEAR SUBTOTAL _____			.00		
BUILDING DIAGRAM# _____	LOWEST FLOOR ELEVATION _____	BASE FLOOD ELEVATION _____	ELEV DIFF (NEAREST FOOT +/-) _____	IS BUILDING FLOOD PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOWEST ADJ GRADE (LAG) _____	PROBATION SURCHARGE _____			.00	
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.		SIGNATURE OF INSURANCE AGENT/BROKER _____			DATE (MM/DD/YY) _____			EXPENSE CONSTANT _____		.00
					FED POLICY FEE _____			.00		
					TOTAL PREPAID AMOUNT _____			.00		