

Excess Flood Insurance Application

Applicant	Phone Number	Effective Date	From	To
Mailing Address		City/State/Zip		
Insured Location		City/State/Zip		
Producer Name	Surplus Lines License #	Phone Number		
Email Address		Policy #		
Present NFIP/WYO Carrier		Expiration Date		
Expiring Premium		Is Insurance Required by the Lender <input type="checkbox"/> Y <input type="checkbox"/> N		
Within the last 5 years has the applicant had a		Foreclosure <input type="checkbox"/>	Bankruptcy <input type="checkbox"/>	Repossession <input type="checkbox"/>
Prior Carrier/Excess Flood Carrier		If prior carrier cancelled or non-renewed, why? (MISSOURI APPLICANTS NEED NOT REPLY)		
If the insured has not carried insurance within the last 12 months please explain why?				
Mortgagee Mailing Address Including Zip Code		Loan #		
Name/Address				
Additional Insured				
Address/City/State/Zip				

REQUESTED LIMITS

Building: Estimated Replacement Cost \$	Building Limit Requested \$
Contents: Estimated Cost \$	Contents Limit Requested \$

LOSS HISTORY- MUST BE FILLED OUT COMPLETELY (Include ALL losses -- If more than 2 losses, please attach an additional sheet with specific details for each loss)

Date	Type of Loss	Cause	Amount	Preventative Measures

DWELLING/UNDERWRITING INFORMATION

County	Community Panel #	Located in Special Flood Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone
Pre-Firm <input type="checkbox"/> OR Post-Firm <input type="checkbox"/>	Emergency Program? <input type="checkbox"/> Y <input type="checkbox"/> N Date entered _____ (Emergency Program does not qualify for Lexington Flood Program)	Elevation Difference _____ (+/- BFE)	
Construction Type	Frame/Stucco/ EIFS <input type="checkbox"/> Brick/Stone/Masonry <input type="checkbox"/> Superior <input type="checkbox"/>	Year Built _____ Year Purchased _____	
Occupancy Type	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/>	Square Footage _____	
Number of Families	<input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family (is one of the units occupied by the insured?)	Description of the Lowest Floor	
Foundation Type: Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>		Basement <input type="checkbox"/> Y <input type="checkbox"/> N	
Building Elevated <input type="checkbox"/> Y <input type="checkbox"/> N	Breakaway Walls <input type="checkbox"/> Y <input type="checkbox"/> N	Obstruction <input type="checkbox"/> Y <input type="checkbox"/> N	Enclosure <input type="checkbox"/> Y <input type="checkbox"/> N
Building Diagram # (if available)			
Distance to Ocean/ Bay/ Gulf/ River/Other Source of Flooding _____ Ft. _____ Miles			
Maximum Underlying Limits Carried <input type="checkbox"/> Y <input type="checkbox"/> N	Number of Floors (Incl. Basement)		Condominium Unit Floor #
NFIP/WYO Program <input type="checkbox"/> Regular <input type="checkbox"/> Preferred	Basement or Enclosed Area Below an Elevated Building		<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished
Contents Located in:			
Basement/Enclosure <input type="checkbox"/>		Basement/Enclosure and Above <input type="checkbox"/>	
Lowest Floor Above Ground Level <input type="checkbox"/>		Lowest Floor Above Ground Level & Higher <input type="checkbox"/>	

Maximum Available Underlying Limits Must Be Carried At All Times During The Policy

Additional Underwriting Information

Elevated Buildings Only

<p>Elevating foundation of the building is:</p> <p>Piers, posts or pilings <input type="checkbox"/> Y <input type="checkbox"/> N Reinforced concrete shear walls <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Solid perimeter walls (Note: not approved for elevating in Zones V1-V30, VE or V) <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Area below the elevated floor:</p> <p>- Is the area below the elevated floor enclosed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>- If Yes, check one of the below:</p> <p style="text-align: center;"><input type="checkbox"/> Partially <input type="checkbox"/> Fully</p> <p>If enclosed, provide size of enclosed area: Sq/ft</p>
<p>Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, check one of the following: <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Solid wood frame walls</p> <p style="text-align: center;"><input type="checkbox"/> Masonry walls <input type="checkbox"/> Other _____</p> <p>Is the enclosed area/crawl space used for any purpose other than solely for parking of vehicles, building access or storage? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, describe: _____</p>	<p>Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? (A zones only) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, provide the number of permanent openings (flood vents) <i>within</i> 1 ft. above grade _____.</p> <p>Total Area of all permanent openings (flood vents): _____ sq in.</p>

Optional Coverage

Coverage Extension for Secondary Homes (Excess Flood only) (Provides RCV settlement for building)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Loss of Rents (Excess Flood only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Living Expense (NPC, CoBRA & Emergency only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Information / Comments

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS:ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS:: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL **AND CIVIL PENALTIES.**

IMPORTANT ADDITIONAL NOTICES:

1. This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRODUCER'S SIGNATURE: _____

DATE: _____