

# ACORD™ FLOOD INSURANCE APPLICATION

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

## CONSTRUCTION AND COMMUNITY INFORMATION

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

## 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                  |
| <b>DEDUCTIBLES:</b> BUILDING \$ <input type="text"/> CONTENTS \$ <input type="text"/>   |  | <b>COMMUNITY RATING CLASS</b> <input type="text"/>   |  |   | <b>ANNUAL SUBTOTAL</b> <input type="text"/>        |   |                | <input type="text"/>                            |                      |
| <b>RATE TYPE</b><br><input type="checkbox"/> 1. MANUAL <input type="checkbox"/> 3. ALTERNATIVE <input type="checkbox"/> 5. MPPP<br><input type="checkbox"/> 2. SUBMIT <input type="checkbox"/> 4. V-ZONE RISK FACTOR <input type="checkbox"/> 6. PROV RATING              |  | <b>PAYMENT OPTION</b><br><input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER |  |   | <b>SUBTOTAL</b> <input type="text"/>               |   |                | <input type="text"/>                            |                      |
| 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) |  | <b>COMM RATING SYSTEM DISCOUNT</b> <input type="text"/>                                      |  |   | <b>SUBTOTAL</b> <input type="text"/>               |   |                | <input type="text"/>                            |                      |
| <b>BUILDING DIAGRAM#</b> <input type="text"/>   | <b>LOWEST FLOOR ELEVATION</b> <input type="text"/> | <b>BASE FLOOD ELEVATION</b> <input type="text"/>   | <b>ELEV DIFF (NEAREST FOOT +/-)</b> <input type="text"/> | <b>IS BUILDING FLOOD PROOFED?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>LOWEST ADJ GRADE (LAG)</b> <input type="text"/> | <b>3 YEAR SUBTOTAL</b> <input type="text"/> |                |   | <input type="text"/> |
| <b>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.</b>   |  | <b>SIGNATURE OF INSURANCE AGENT/BROKER</b> <input type="text"/>                              |  |   | <b>DATE (MM/DD/YY)</b> <input type="text"/>        |   |                | <b>PROBATION SURCHARGE</b> <input type="text"/> |                      |
|   |  |  |  |   | <b>EXPENSE CONSTANT</b> <input type="text"/>       |   |                | <input type="text"/>                            |                      |
|   |  |  |  |   | <b>FED POLICY FEE</b> <input type="text"/>         |   |                | <input type="text"/>                            |                      |
|   |  |  |  |   | <b>TOTAL PREPAID AMOUNT</b> <input type="text"/>   |   |                | <input type="text"/>                            |                      |

