

EXCESS FLOOD INSURANCE APPLICATION



NEW POLICY RENEWAL XS XS of XS

Date: _____
Insured: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____

Property Address (if different): _____
City: _____ State: _____ Zip: _____
County: _____

Primary Flood Ins. Carrier: _____
Policy Number: _____

If XS of XS:

Excess Flood Ins. Carrier: _____
Excess Flood Ins. Policy No.: _____

PLEASE CHECK ALL THAT APPLY:

Residential: Single Family Primary Residence
 2-4 Family Secondary Residence
 Single Condo unit Tenant Occupied

Commercial: Condo.Bldg. Apt.Bldg.: # of Units: _____
 Hotel / Motel: # of Units: _____
 Other: _____

Flood Zone: _____ **Yr. Built:** _____ **No. of Floors** (incl. Basemnt): _____ Pre- OR Post-FIRM: Elev. Difference: _____

A zone risks w/neg. Elev. Diff. and w/in 1000' of water are ineligible. V zone risks must be on pilings. V zones w/neg. Elev. Diff. are ineligible.

Basement? Y N Elevated Bldg? Y N On pilings? Y N Enclosure Y N Size: _____ sf

Construction: Frame Fire-resistiv Masonry Other _____ Use: Garage Access Storage Other

Distance from source of flooding: _____ Describe source of flooding: _____

Have there been any flood losses? Yes No If Yes: Loss Date: _____ Amount of loss: \$ _____

Please describe. Include bldg/conts loss amounts: _____

Commercial Contents: Describe: _____ Skidded or shelved? _____ Height Above Floor: _____

For V Zone Inspection: Contact Name: _____ Telephone: (____) _____

Residential risks must be insured to a total of 80% of the building RCV or the maximum limit available, whichever is less.

	<u>Primary Coverage Limit</u>	<u>Requested XS Coverage Limit</u>
BUILDING 100% RCV: \$ _____	\$ _____	\$ _____
CONTENTS ACV: \$ _____	\$ _____	\$ _____

Annual Business Income: \$ _____ **Requested BI Limit:** \$ _____ BI Deductible is \$100K/occ

Primary SF residences: **Add \$5,000 Additional Living Expense Coverage?** Y N

DESIRED EFFECTIVE DATE: _____

Coverage will be effective on the proposed effective date shown above or five (5) days after this application (with premium payment) has been date-stamped by the appointed broker and accepted by the Underwriter, **WHICHEVER IS LATER.**

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.

This application will be made part of the Insurance Policy. **The undersigned warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation or concealment herein could void the coverage.**

SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements. **The underlying coverage must be written at maximum limits.**

COVERAGE HEREUNDER WILL CEASE IF THE UNDERLYING COVERAGE LAPSES OR IS CANCELLED OR NON-RENEWED.

AGENT SIGNATURE: _____ DATE: _____

INSURED SIGNATURE: _____ DATE: _____