

**EXCESS FLOOD INSURANCE APPLICATION**  
*Please read this application carefully and complete all sections.*

**SECTION I - APPLICANT**

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION II - MORTGAGEE INFORMATION**

Primary Mortgagee: \_\_\_\_\_ Loan #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION III - UNDERLYING FLOOD POLICY INFORMATION**

Primary Flood Carrier: \_\_\_\_\_ Current Excess Flood Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Excess Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

**SECTION IV - RISK INFORMATION**

Occupancy: Single Family  2-4 Family  Commercial-Habitational  # of Units \_\_\_\_\_

Commercial Other  NFIP Flood Zone \_\_\_\_\_

If a business, description of operations: \_\_\_\_\_

Construction Type: Frame  Fire Resistive  Masonry  Other

Number Of Floors Including Basement: \_\_\_\_\_ Date of Construction: \_\_\_\_\_

Basement or Enclosure: (specify) \_\_\_\_\_ Finished  Unfinished  Contents Stored In Basement:

Yes  No

Replacement Cost of Building: \$ \_\_\_\_\_ Any flood losses (last 5 yrs.): Yes  No

(If yes, please attach loss run or description of loss)

Distance To Closest Body of Water: \_\_\_\_\_ Ocean \_\_\_\_\_ River \_\_\_\_\_ Other \_\_\_\_\_

Who To Contact For Inspection: \_\_\_\_\_ Telephone: \_\_\_\_\_

Total Insurable Values:	COVERAGE TYPE	VALUE
	A) Building Replacement Cost:	\$ _____
	B) Contents Replacement Cost:	\$ _____
	C) Loss of Income (12 months):	\$ _____

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**SECTION V - COVERAGE**

Requested Effective Date: \_\_\_\_\_ Status: New:  Renewal:

Expiring Policy No.: \_\_\_\_\_

Coverage Amount Desired:	Rate Per \$100 (1 <sup>st</sup> layer / 2 <sup>nd</sup> layer / 3 <sup>rd</sup> layer)	Premium
Building: \$ _____	_____ / _____ / _____	_____
Contents: \$ _____	_____ / _____ / _____	_____
Loss of Income: \$ _____	_____ / _____ / _____	_____
Sub-Total Premium:		_____
Surplus Lines Tax:		_____
Stamp Fee:		_____
Policy Fee:		_____
Total Annual Premium:		_____

**SECTION VI - NOTICE TO INSURED**

**Note:** This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application Form shall be the basis of the Contract with Underwriters.

\_\_\_\_\_

Signature of Applicant (Insured) Date

**SECTION VII - PRODUCER INFORMATION**

Broker/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tele: \_\_\_\_\_ Fax: \_\_\_\_\_

Surplus Lines Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

Please sign, date and return the completed application accompanied with a copy of the underlying flood policy declarations page and remit payment by Brokers' Trust Account Check, payable to: **F S Insurance Agency, Inc.** upon receipt of invoice from Insurmark.

**Floodwatch c/o F S Insurance Agency, Inc.**  
**4 West Main Street, Suite 600**  
**Springfield, OH 45502**  
**Toll Free 800.833.5912 Fax 937.323.0787**