

ACORD™ FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

PRODUCER		PHONE (A/C, No, Ext):	NEW	CURRENT POLICY # (IF NEW, LEAVE BLANK)	
			RNWL	FL	
			DIRECT BILL TO		WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY
			INSURED		INITIAL PURCHASE OF FLOOD INS RELATED TO:
			FIRST MORTGAGEE		<input type="checkbox"/> LOAN-NO WAITING
			SECOND MTGEE		POLICY EFF DATE
			LOSS PAYEE		POLICY EXP DATE
			OTHER		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
AGENT'S TAX ID SOCIAL SECURITY #		INSURED'S NAME, PHONE # AND MAILING ADDRESS		PROPERTY LOCATION	
		SOC SEC #:		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:					
1. SBA <input type="checkbox"/> 2. FEMA <input type="checkbox"/> 3. FMHA <input type="checkbox"/> 4. OTHER (SPECIFY):					
CASE NUMBER OR SOCIAL SECURITY #:		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED:		SECOND MORTGAGEE OR OTHER	
FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS					
		<input type="checkbox"/> SECOND MORTGAGEE			
		<input type="checkbox"/> LOSS PAYEE			
		<input type="checkbox"/> DISASTER AGENCY			
		<input type="checkbox"/> OTHER (SPECIFY)			
LOAN NUMBER:				LOAN NUMBER:	

CONSTRUCTION AND COMMUNITY INFORMATION

COUNTY/PARISH			INFORMATION SOURCE			MANUFACTURED/MOBILE HOME ONLY:								
			COMMUNITY OFFICIAL			YEAR/MAKE/MODEL:			WIDTH			LEN		
COMM #			FLOOD MAP			SERIAL NUMBER:								
PANEL #			MORTGAGEE			IS HOME A DOUBLEWIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS HOME PROPERLY ANCHORED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SUFFIX			OTHER (SPECIFY)			FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT!								
LOC IN UNINCORP AREA OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO						A) DURING THE PERIOD OF OWNERSHIP HAS THE PROPERTY OWNER RECEIVED 2 OR MORE FLOOD INSURANCE CLAIM PAYMENTS OF \$1,000 OR MORE, OR 3 OR MORE FEDERAL CLAIM PAYMENTS, REGARDLESS OF AMOUNT, OR 2 OR MORE FEDERAL DISASTER RELIEF PAYMENTS (INCLUDING LOANS AND GRANTS) OF \$1,000 OR MORE, OR 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO								
FLOOD ZONE			# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE			B) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-30, AO, AH, A99, V, VE, V1-30? <input type="checkbox"/> YES <input type="checkbox"/> NO								
MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE			1 <input type="checkbox"/> 3 OR MORE			INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWER TO THESE TWO QUESTIONS IS NO.								
IS BUILDING SUBSTANTIALLY IMPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO			2 <input type="checkbox"/> SPLIT-LEVEL											
IS BLDG IN COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			MANUFACTURED MOBILE HOME ON FOUNDATION											
BUILDING OCCUPANCY														
PURCHASE/ASSIGNMENT DATE														
IS BLDG PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO														
SINGLE FAMILY														
2-4 FAMILY														

COVERAGE COMBINATIONS

COVERAGE COMBINATIONS	BUILDING/CONTENTS	PREMIUM INCLUDING FEDERAL POLICY FEE & ICC PREMIUM	
		W/ BASEMENT/ENCLOSURE	W/O BASEMENT/ENCLOSURE
(NOTE: NO OTHER COMBINATION AVAILABLE)	\$ 20,000 / \$ 5,000	A) \$ 126	J) \$ 101
BLDG DEDUCTIBLE \$500	\$ 30,000 / \$ 8,000	B) \$ 151	K) \$ 126
CONTS DEDUCTIBLE \$500	\$ 50,000 / \$ 12,000	C) \$ 191	L) \$ 166
	\$ 75,000 / \$ 18,000	D) \$ 216	M) \$ 191
	\$ 100,000 / \$ 25,000	E) \$ 241	N) \$ 216
	\$ 125,000 / \$ 30,000	F) \$ 256	O) \$ 231
	\$ 150,000 / \$ 38,000	G) \$ 271	P) \$ 246
	\$ 200,000 / \$ 50,000	H) \$ 301	Q) \$ 276
	\$ 250,000 / \$ 60,000	I) \$ 321	R) \$ 296
IS BUILDING: CONDO UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	*DEDUCT \$6.00 IF TOWNHOUSE/ROWHOUSE CONDOMINIUM UNIT; ADD PRORATION SURCHARGE, IF APPLICABLE.	
TOWNHOUSE/ROWHOUSE CONDO UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SIGNATURE

(ONE BUILDING PER POLICY -- BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE, INCLUDING THE ANSWER TO 12(A). THE PROPERTY OWNER AND 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)