

# **EXCESS FLOOD**

## **SUPPLEMENTAL APPLICATION**

Please include with this signed application:  
Copy of **NFIP Dec/App & Flood Elevation Certificate**

**PRODUCER'S** Name & Address:

Phone #( \_\_\_\_\_ ) \_\_\_\_\_.

**INSURED'S** Name & Address:

**EFFECTIVE DATE**

Name \_\_\_\_\_.

Street Address \_\_\_\_\_.

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

.

	Total Value	NFIP Limit	XS flood
Building	\$ _____	\$ _____	\$ _____

.

Contents                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

.

**Property or Contents Location:** (Circle one: Residential/Commercial)

Street

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

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Flood Zone \_\_\_\_\_ BFE \_\_\_\_\_ LFB \_\_\_\_\_.

Nearest body of water \_\_\_\_\_ Distance to water \_\_\_\_\_ Feet

Construction Type :     Frame             Masonry             AAA/Concrete

Date constructed: \_\_\_\_\_ Number of Stories \_\_\_\_\_.

**UNDERWRITING:** Please answer the following questions:

1. Any losses in the last 5 years?     Yes     No

Dates & Amounts of Loss

2. Does building contain a basement?     Yes     No

3. Is home on \_\_\_\_\_ foundation/crawl \_\_\_\_\_ pilings, or \_\_\_\_\_ slab?

If elevated, please check following enclosures:  none w/breakaway walls  
 None w/solid walls  living area w/o breakaway walls  garage  
 Utility  storage  other

4. If applicable, depth of in-ground pilings \_\_\_\_\_.

MORTGAGEE'S Name & Address \_\_\_\_\_

Name

Street

City

State

Zip

Loan#

**APPLICANT'S STATEMENT:**

I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that as a part of routine underwriting, an investigative consumer report or credit report may be obtained as well as an inspection of the property for which coverage is being requested. I understand that there is no coverage for property located below Base Flood Elevation. I also understand that this is a fully earned policy.

APPLICANT'S \_\_\_\_\_

•

Signature

Date

PRODUCER'S \_\_\_\_\_

•

signature

Date

(To order binder, BOTH Signatures must be on application)

# ( FAX

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
STATE, ZIP: \_\_\_\_\_  
DATE: \_\_\_\_\_  
NUMBER OF PAGES(incl. Cover): \_\_\_\_\_  
\* FAX TO: \_\_\_\_\_

**PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.**

\* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

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