



WNC First Insurance Services

9200 S. Dadeland Blvd., Ste. 409, Miami, FL 33156

888-386-9488 Fax 305-587-2405 • www.WNCInsuranceServices.com

EXCESS FLOOD APPLICATION

Applicant/Insured: \_\_\_\_\_

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

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

Property Address (if different): \_\_\_\_\_

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

First Mortgagee: \_\_\_\_\_ Loan No. \_\_\_\_\_

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

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

Second Mortgagee: \_\_\_\_\_ Loan No. \_\_\_\_\_

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

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

Agency Name: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Current Homeowner Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Current Excess Flood Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

UNDERWRITING INFORMATION

OCCUPANCY: Single Family \_\_\_\_\_ Primary \_\_\_\_\_ Secondary Residence \_\_\_\_\_ Tenant Occupied \_\_\_\_\_ Vacant \_\_\_\_\_

# Condo Units \_\_\_\_\_ Condo Assoc. \_\_\_\_\_ Office Bldg. \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Other \_\_\_\_\_ Builder Risk \_\_\_\_\_

CONSTRUCTION: Residential \_\_\_\_\_ Non-residential \_\_\_\_\_ Fire Resistive \_\_\_\_\_ Masonry \_\_\_\_\_ Frame \_\_\_\_\_

# Stories \_\_\_\_\_ Basement: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ None \_\_\_\_\_ Enclosure: Yes \_\_\_\_\_ No \_\_\_\_\_ Post-FIRM \_\_\_\_\_ Pre-FIRM \_\_\_\_\_

FOUNDATION: Slab \_\_\_\_\_ Pilings \_\_\_\_\_ Type of Pilings: Wood \_\_\_\_\_ Concrete \_\_\_\_\_ Driven \_\_\_\_\_ Poured \_\_\_\_\_

Building Elevated: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Built: \_\_\_\_\_ NFIP Flood Zone: \_\_\_\_\_

Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_ Elevation Difference: \_\_\_\_\_

REPLACEMENT COST OF BUILDING: \_\_\_\_\_

Distance to Water: Property within 1,000 feet of water? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, is risk waterfront property? Yes \_\_\_\_\_ No \_\_\_\_\_

Any portion of the Building Situated over water? Yes \_\_\_\_\_ No \_\_\_\_\_

Any prior flood losses? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of Loss: \$ \_\_\_\_\_ Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Table with 3 columns: REQUESTED COVERAGE AMOUNT, RATE, PREMIUM. Rows include BUILDING, CONTENTS, Sub-total, Policy Fee, Inspection Fee, Tax, Additional Fee, and TOTAL.

Requested Date of Coverage: / /

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.

[Important: Primary policy declaration page must be submitted with this application]

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_