Jencap

Primary Flood Application

Please include with this signed application:

Flood Elevation Certificate

Producer's Name & Address: _____

_____ State _____ Zip _____

Phone: (_____) _____

Insured's Name & Address: Effective Date: _____

Name: _____

Street Address: _____

City_____ State ____ Zip _____County _____

	Total Value	Limit Requested	Deductible
Building	$_____	$_____	$_____
Contents	$_____	$_____	$_____

Property or Contents Location: (select one ☐ Residential ☐ Commercial)

Street Address: _____

City_____ State ____ Zip _____County _____

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 the Building contain a basement?   ☐ Yes   ☐ No
3. Is Home on ___ foundation/crawl _____ pilings, or _____ slab?

If elevated, please check the 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 Address: _____

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 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)