

Proposed effective date:		Agency name:	
APP #:		Agent address:	
Insured:		Agent:	
Property address: (St. #, Street Name, City, State, Zip)		Agent phone:	
Street Number:			
Street Name:			
City:			
State:			
Zip Code:			
		Agent email:	

Underwriting information		
Purpose:	Occupancy:	Construction:
Residential Square Footage:	Primary # of Stories:	Year Built:

- Is the building elevated? Yes | No
- If yes, height above ground of lowest occupied floor (ft.):
- Foundation Type: Foundation Wall | Slab On Grade | Slab On Fill
- Basement / Subgrade Crawlspace? None | Finished | Unfinished
- Finished? No
- Is there an enclosure? Yes
- Is the building over water? No | Partially | Entirely

Policy Limits

Building Limit:	Contents Limit:
Other Structures Limit:	Loss of Use Limit:
Building Valuation:	Contents Valuation:

Mortgagees and additional insureds

Mortgagee:

Additional Insureds:

Loss History

Have there been any flood losses? Yes | No

Date of loss	Loss description	Status	Amount paid

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURY, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind insurance.

Applicant's Signature: Date:

Producer's Signature: Date: