



SECTION I - APPLICANT

Insured: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Property location: _____

City: _____ County: _____ State: _____ Zip: _____

SECTION II - RISK INFORMATION NEEDED TO QUOTE

Occupancy:

Residential Apartments Condos Commercial

If condo, number of units: _____

Describe business operations and business personal property: _____

Construction type:

Frame Masonry Fire Resistive Other

If other, describe: _____

Number of floors, including basement: _____ Year built: _____ Square Feet (ground floor): _____

Basement Slab Enclosure Finished Unfinished

Type of Pillings:

None Wood Concrete Driven Poured

Name of and distance from closest body of water: _____

Risk elevated: Y N Elevation difference: _____ Flood zone: _____

Underlying Building Coverage:

\$250,000 \$250,000 per unit \$500,000 Other

If other, please describe: _____

Flood Losses Past Five Years: Y N

If yes, please list: _____

COVERAGE INFORMATION NEEDED TO QUOTE

Requested effective date: _____

Total Insurable Values (TIV)	Coverage Type	Total Values (\$)
<input type="checkbox"/> RC <input type="checkbox"/> ACV	Building	_____
	Contents	_____
	Loss of income/rents	_____

Requested Coverage Limits (less primary limits)	Building	_____
	Contents	_____
	Loss of income/rents	_____

Expiring Premium: _____ Target Premium: _____

ADDITIONAL INFORMATION NEEDED TO ISSUE POLICY

First mortgagee: _____

Mailing address/loan number: _____

Second mortgagee: _____

Mailing address/loan number: _____

Primary flood insurance carrier: _____

Policy number: _____ Effective dates: _____

Current excess insurance carrier: _____

Policy number: _____ Effective dates: _____

PRODUCER INFORMATION

Agency Name: _____

Producer Name: _____

Phone: _____ Fax: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Notice to Insured:

Any person who knowingly and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or Floodwatch as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or Floodwatch as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Signature of applicant (insured): _____ Date: _____