

**EXCESS FLOOD SUPPLEMENTAL**

**INSURED NAME**  \_\_\_\_\_\_\_

**MAILING ADDRESS**

**LOCATION ADDRESS**

**GENERAL INFORMATION**

Type of Risk (Circle One):

Commercial Dwelling Condo Apartment

Replacement Cost of Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Type (Circle One):

Frame NC JM MNC FR

Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Stories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING INFORMATION**

Is the risk Pre-Firm or Post-Firm (Circle One)

Year Built: \_\_\_\_\_\_\_\_\_\_\_\_\_

Has the risk in question had any prior flood-related losses? Yes / No

Is there an elevation certificate on file? Yes / No If yes, please attach to this supplemental

Identify the flood zone risk is located in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List the risk’s base flood elevation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk’s distance from tidal water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please classify the risk using the elements below:

1. No basement / enclosure 2. Basement 3. Enclosure

4. Elevated on crawl space 5. Non-elevated with subgrade 6. Basement and alcove

7. Enclosure and above 8. Lowest floor only above ground level 9. Above ground level more

 than one full floor

**UNDERLYING POLICY LIMITS**

**Underlying Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Income / loss of use (cannot be more than 10% of real property limit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXCESS LIMIT DESIRED:**

Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature / Date Producer Signature / Date