

# Chris-Leef General Agency, Inc.

## Excess Flood Application

<p><input type="checkbox"/> <b>New</b>    <input type="checkbox"/> <b>Renewal</b>, Prior Policy #- _____</p> <p><b>Date Coverage Is To Be Effective:</b> _____</p> <p><b><u>Insured Information:</u></b></p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Insured Location: _____</p> <p>City _____ State _____ Zip _____</p> <p>County: _____ Phone Number: _____</p> <p><b><u>Agent Information:</u></b></p> <p>Producer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone / Fax Number: _____</p> <p><b><u>Mortgagee (s) Information/Additional Interests</u></b></p> <p>Loan Number : _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><b><u>Property Information</u></b></p> <p>Is property covered under a Builder's Risk policy? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>    If Yes, is it walled and roofed _____</p> <p>Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Construction: Masonry ____ Frame ____ Year Built: _____</p> <p>Breakaway Walls <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Distance to Ocean / Bay / Gulf _____ Ft. _____ Miles</p> <p>Stormshutters <input type="checkbox"/> Y <input type="checkbox"/> N If yes, type _____</p>	<p><b><u>Limits of Policy:</u></b></p> <p>Buildings: Est. Replacement Cost    \$ _____</p> <p>    =&gt; <b>Building Limit Requested</b>    \$ _____</p> <p>Contents: Estimated Cost    \$ _____</p> <p>    =&gt; <b>Contents Limit Requested</b>    \$ _____</p> <hr/> <p><b><u>Underlying Policy Information</u></b></p> <p><b><u>Present NFIP/WYO Carrier:</u></b></p> <p>Policy Term: _____ Underlying carrier: _____</p> <p>    Non-Renewed: Y N Why? _____</p> <p><b><u>Renewal or Replacement NFIP/WYO Carrier:</u></b></p> <p>Policy Term: _____ Underlying carrier: _____</p> <p>    Pol #- _____ Eff Date: ____/____/____</p> <p>Coverage: Bldg. \$ _____ Contents \$ _____</p> <p>Maximum Underlying Limit Carried: <input type="checkbox"/> Y <input type="checkbox"/> N (Max Required)</p> <p>NFIP/WYO Program: Regular ____ Preferred ____</p> <p>Number of families: ____ Single Family ____ 2-4 Family</p> <p>Condominium Unit ____ Apartment ____</p> <p>Occupancy: Primary ____ Secondary ____ Seasonal ____ Rental ____</p> <p>Flood Zone ____ Number of Floors ____</p> <p>Pre-Firm ____ OR Post Firm ____</p> <p>Dwelling has basement or enclosed foundation: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Elevation Difference: _____ (+/-BFE)</p> <p><b><u>Contents Location:</u></b></p> <p>    ____ Basement and Above    ____ Enclosure and above</p> <p>    ____ Lowest floor only-above ground level</p> <p>    ____ Lowest floor above ground level and higher floors</p> <p>    ____ Above ground level- More than one full floor</p>
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**Maximum Available Limits Must Be Carried At All Times During The Policy Term -- 25% Minimum Earned Premium Applies**

**Prior Carrier / Flood Related Loss Information**

Excess Flood Carrier \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Premium \$ \_\_\_\_\_ Non-Renewed:  Y  N  
Reason/Remarks: \_\_\_\_\_

Date	Amount	Details

Applicants Statement: I have read the above application and warrant the truthfulness of all information herein which will be material in the event of a claim under the policy. Any misrepresentations or concealment could void the coverage.

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**In order to bind coverage the following must accompany this application:**

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|--|---|
| <ol style="list-style-type: none"> <li>1. Net Premium</li> <li>2. Copy of Excess Flood Quote</li> <li>3. Copy of current NFIP/WYO Declaration Page</li> <li>4. Evidence of Wind Coverage in-force</li> </ol> | <ol style="list-style-type: none"> <li>5. Diligent Effort Form</li> <li>6. Elevation Certificate</li> <li>7. Property Inspection Contact</li> </ol> <p>Name: _____ Phone #- _____</p> |
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