



EXCESS FLOOD INSURANCE - RENEWAL APPLICATION

___XS ___XS of XS

Date: _____
 Insured: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Property Address (if different): _____
 City: _____ State: _____ Zip: _____
 County: _____
 Primary Flood Insurance Carrier: _____
 Policy Number: _____

Loan#: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Agency Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____
 E-mail: _____
 Tax ID#: _____

If XS of XS:
 Excess Flood Ins. Carrier: _____
 Excess Flood Ins. Policy No.: _____

Surplus Lines Broker: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____
 Tax ID#: _____

First Mortgagee: _____

Flood Zone: _____ **No. of Floors** (incl. Basement, if any): _____
 Year Built: _____
 Pre-FIRM Post-FIRM: Elevation Difference: _____
 Basement Enclosure Elevated Bldg: Is the building on pilings? _____
 Fire-resistive Masonry Frame Other _____
V-zone risks must be on pilings. V zones w/neg. Elev. Differences are ineligible.
A-zone risks w/negative Elev. Differences and w/in 1000' of water are ineligible.

Distance from body of water: _____ Describe: _____
 Any flood losses in the past year? _Yes ___No If yes, Loss Date: _____ Amount of loss: \$ _____

Please explain. Include claim settlement amount: _____

	<u>DESIRED COVERAGE LIMIT*</u>	<u>PREMIUM</u>
BUILDING RCV: \$ _____	\$ _____	\$ _____
CONTENTS ACV: \$ _____	\$ _____	\$ _____
Primary residences: Add \$5,000 Additional Living Expense Coverage? <input type="checkbox"/> Yes	ALE Premium: \$ _____	
Proposed Effective Date: _____	SUBTOTAL: \$ _____	
	Policy Fee: \$ _____	
	Service Fee: \$ _____	
	State SL Tax: \$ _____	
	Inspection Fee: \$ _____	
	TOTAL PREMIUM: \$ _____	

Coverage will be effective on the proposed effective date shown above or five (5) days after this application (with premium payment) has been date-stamped by the appointed broker and accepted by the Underwriter, WHICHEVER IS LATER.

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.

This application will be made part of the Insurance Policy, if issued. The insured applicant warrants the truthfulness of its information, which will be material in the event of a claim under the policy. Any misrepresentation and concealment herein could void the coverage. **SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements. The underlying coverage must be written at maximum limits. COVERAGE HEREUNDER WILL CEASE IF THE UNDERLYING COVERAGE LAPSES OR IS CANCELLED OR NON-RENEWED.**

BROKER SIGNATURE: _____ DATE: _____



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