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## 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: \_\_\_\_\_

If XS of XS:

Excess Flood Ins. Carrier: \_\_\_\_\_

Excess Flood Ins. Policy No.: \_\_\_\_\_

First Mortgagee: \_\_\_\_\_

Loan#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Surplus Lines Broker: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ No. of Floors (incl. Basement, if any): \_\_\_\_\_  Fire-resistive  Masonry  
Year Built: \_\_\_\_\_  Basement  Elevated Bldg: Is the building on pilings? \_\_\_\_\_  Frame  Other \_\_\_\_\_  
 Pre-FIRM  Enclosure **V-zone risks must be on pilings. V zones w/neg. Elev. Differences are ineligible.**  
 Post-FIRM: Elevation Difference: \_\_\_\_\_ **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>
<b>BUILDING RCV:</b> \$ _____	\$ _____	\$ _____
<b>CONTENTS ACV:</b> \$ _____	\$ _____	\$ _____

**Primary residences: Add \$5,000 Additional Living Expense Coverage?** 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: \_\_\_\_\_