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### FLOOD APPLICATION FORM

#### APPLICANT DETAILS

Insured: \_\_\_\_\_

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

Mailing Address (if different to above): \_\_\_\_\_

#### UNDERWRITING INFORMATION

NFIP Flood Zone: \_\_\_\_\_

Date of Construction: \_\_\_\_\_

#### OCCUPANCY (CHECK ALL WHICH APPLY)

Single Family  Residential Apartment/Duplex\*  \*If checked, # of units \_\_\_\_\_

Residential Condominium\*  Commercial Condominium\*  \*If checked, # of units \_\_\_\_\_

Commercial

If a business, please describe operation: \_\_\_\_\_

If business and contents coverage is desired, please provide a description of contents/inventory and how it is stored: \_\_\_\_\_

Construction (check all which apply) Frame  Fire Resistive  Masonry  Other: \_\_\_\_\_

No. of Floors: \_\_\_\_\_ Building built on driven pillings: Yes  No

Basement or Enclosure: Yes  No  If Yes, are wash through or breakaway walls present: Yes  No

Is Building Elevated: Yes  No  If Yes, at what height? \_\_\_\_\_

Any prior Flood losses? Yes  No  If Yes, please attach loss run or description of loss(es) \_\_\_\_\_

Primary Residence: Yes  No

#### TOTAL VALUES

Coverage Type:

Enter Values (here)

A) Buildings (100% Replacement Cost) \$ \_\_\_\_\_

B) Contents (100% Replacement Cost) \$ \_\_\_\_\_

C) Business Income/Rental Value (12 months) \$ \_\_\_\_\_

FLOOD LIMITS REQUIRED \$ \_\_\_\_\_ Total

Coverage Type:

Limit Requested (enter values here)

A) Buildings \$ \_\_\_\_\_

B)Contents \$ \_\_\_\_\_

C) Business Income/Rental Value \$ \_\_\_\_\_

#### CHECKLIST:

Elevation Certificate attached if property is Post-Firm and located in an A or V Flood Zone? Yes  No

If NFIP is underlying, require a copy of the underlying NFIP declaration page. Attached? Yes  No

If underlying is an All Risk policy, require sight of the underlying Flood wording. Attached? Yes  No

Completed application with the Insured's signature and date of signing: Yes  No

Signed and Dated TRIA Notice, if applicable: Yes  No

Signed: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date: \_\_\_\_\_