



Fiercely Committed.
Proudly Independent.

LOCATIONS
Quincy, MA
West Hartford, CT
Philadelphia, PA

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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: _____ Sq Footage _____
Property Coverage written: **Personal Lines** **Commercial Lines**

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

MORTGAGEE INFORMATION

1ST: _____
2ND: _____

TOTAL VALUES

Coverage Type: Enter Values (here)
A) Buildings (100% Replacement Cost) \$ _____
B) Contents (100% Replacement Cost) \$ _____
C) Business Income/Rental Value (12 months) \$ _____
\$0 Total

FLOOD LIMITS REQUIRED

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: _____