EXCESS FLOOD SUPPLEMENTAL APPLICATION

4408 Arendell Street, Morehead City, NC 28557 T: 877-284-4900

Please include with this signed application: NFIP DEC, ELEVATION CERTIFICATE

PRODUCER'S Name & Address: _____

_____

_____

Phone #: ( ) Fax #: ( )

INSURED's Name & Address: _____ **EFFECTIVE DATE:**

_____

	Replacement Cost Total Value:	NFIP (Underlying Flood) Limit	Excess Limit
Building:	$_____	$_____	$_____
Contents:	$_____	$_____	$_____

Property or Contents Location: Circle One: Residential/Commercial

Street Address _____

City _____ State _____ Zip _____ County _____

Flood Zone _____ BFE _____ LFE _____

Nearest Body of Water _____ Distance to Water _____

Construction Type: Frame _____ Masonry _____ AAA/Concrete _____

Date Constructed _____ Number of Stories _____ Square Feet _____

UNDERWRITING Please answer the following questions:

1. Any losses in the last 5 years? _____ Yes _____ No

   Dates & Amount of Loss _____

   _____

   _____

2. Does building contain a basement? _____ Yes _____ No

3. Is home on _____ foundation/crawl _____ pilings, or _____ slab?

4. If elevated, are there any enclosures? _____ Yes _____ No

5. If there is an enclosure, advise square footage: _____

6. If there is an enclosure, what is the purpose? _____

MORTGAGEE(S):

Street Address _____

City _____ State _____ Zip _____ Loan # _____

Street Address _____

City _____ State _____ Zip _____ Loan # _____

APPLICANT'S STATEMENT

I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I UNDERSTAND THAT AS A PART OF ROUTINE UNDERWRITING, AN INVESTIGATIVE CONSUMER REPORT OR CREDIT REPORT MAY BE OBTAINED AS WELL AS INSPECTION OF THE PROPERTY FOR WHICH COVERAGE IS BEING REQUESTED. **I UNDERSTAND THAT THERE IS NO COVERAGE FOR PROPERTY LOCATED BELOW BASE FLOOD ELEVATION. I ALSO UNDERSTAND THAT THIS IS A FULLY EARNED POLICY.**

APPLICANT _____ **DATE:** _____

PRODUCER _____ **DATE:** _____

(To bind, BOTH Signatures must be on application)