

PRIMARY & EXCESS FLOOD

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>			
Location Address:			
County:		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Risk Type:	Choose an item.	Effective Date:	03/29/2019
UNDERWRITING INFORMATION			
Is the premises located in a COBRA zone?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building located partially or entirely over water?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any prior flood losses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building located in a NFIP participating community?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property negatively elevated by the NFIP or Elevation Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building a mobile or manufactured home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is structure located within 1,000 ft. of a river, stream or creek?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
NFIP INFORMATION			
Flood Zone:			
Does the applicant have an elevation certificate or copy of an NFIP Dec page?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elevation:	Choose an item.	Construction Year:	
BUILDING INFORMATION			
Primary Construction:	Choose an item.		
Number of Stories:		Square Footage:	
Building Elevated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Height of the lowest occupied floor above ground (feet):	
Foundation:	Choose an item.	Building Replacement Cost:	
COMMERCIAL Building Use:	Choose an item.		
Attached Garaged:	Choose an item.	Crawl Space:	Choose an item.
Enclosure:	Choose an item.	COMMERCIAL Enclosure Description:	Choose an item.
Basement:	Choose an item.	Basement Description:	Choose an item.
COMMERCIAL Value of equipment or machinery located in basement or enclosure:		COMMERCIAL Value of other items located in basement or enclosure:	
Elevator:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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COVERAGE	
Building Limit Requested:	
RESIDENTIAL Contents Limit Requested:	
RESIDENTIAL Additional Living Expense Requested:	
COMMERCIAL Business Personal Property Requested:	
COMMERCIAL Business Interruption Expense Requested:	
Deductible:	Choose an item.
MORTGAGEE	
1 st Mortgagee:	
Billed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
City/State/Zip	
Loan #	
2 nd Mortgagee:	
Address:	
City/State/Zip	
Loan #	

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is accepted by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT 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 ALSO UNDERSTAND THAT A MINIMUM EARNED PREMIUM APPLIES.

Date: _____

Applicant's Signature

Applicant's Title: _____

Applicant's Printed Name