



EXCESS FLOOD INSURANCE APPLICATION

Please read this application carefully and complete all sections.

Section I – Applicant

Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Location: _____

City: _____ County: _____ State: _____ Zip: _____

Section II – Underwriting Information

NFIP Flood Zone: _____

Date of Construction: _____

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached.

Occupation: Single Family: Residential Duplex/Apartment: # of Units: _____

Residential – Condominium: # of Units: _____

Commercial – Condominium: # of Units: _____

Commercial: _____

If a business, description of operations: _____

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

Construction Type: Frame: Fire Resistive: Masonry: Other: _____

Number of floors including basement: _____

Square footage of lowest floor? _____

Building on driven pilings? Yes No

Basement or enclosure: Yes No Finished Unfinished

If yes, are wash through or breakaway walls present?: Yes No

Is the building elevated?: Yes No If yes, at what height? _____ ft.

Any flood losses (last 5 yrs.) _____ (If yes, please attach loss run or description of loss)

Distance to closest body of water: _____ Ocean: _____ River: _____ Other: _____

Total insurable values	Coverage Type	Value
	A) Building replacement cost:	\$ _____
	B) Contents replacement cost:	\$ _____
	C) Loss of income (12 months):	\$ _____

Section III – Excess Limits Required:

Requested effective Date: _____

Building: \$ _____

Loss of Income: \$ _____

Contents: \$ _____



Section IV – Underlying Flood Policy Information:

Primary flood carrier: _____ Current excess flood carrier: _____
Policy Number: _____ Excess policy number: _____
Policy effective date: _____ Policy effective date: _____

Section V – Mortgage information

Primary mortgagee: _____ Loan #: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

Section VI – Notice to insured

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

Signature of Applicant (Insured) Date

Section VII – Producer information

Broker/Agency Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Tele: _____ Fax: _____
Surplus Lines Broker Name: _____
Address: _____
License No: _____

A signed application is not required to obtain a quote; however, in order to issue the policy, we must receive the following documentation:

1. Completed application with the insured's signature
2. Copy of the underlying declaration page or completed NFIP application
3. Surplus lines broker's responsibility statement
4. Copy of elevation certificate, if applicable
5. Signed TRIA notice, if applicable

Submit to: Stephanie Basile, Commercial Underwriter
Tel: 865-444-2253
Fax: 865-312-9610
Email: sbasile@easternunderwriting.com
www.easternunderwritingmanagers.com

