

# 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: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Loss of income: \$ \_\_\_\_\_

**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 – Mortgagee 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: Teri Lawson, Underwriting Manger  
Tel: 973-631-7575 Ext: 162  
Fax: 239-263-1808  
Email: [tlawson@dualcommercial.com](mailto:tlawson@dualcommercial.com)  
[www.dualcommercial.com](http://www.dualcommercial.com)

Luis Calderon, Underwriter  
Tel: 973-631-7575 Ext. 163  
Fax: 239-263-1808  
Email: [lcalderon@dualcommercial.com](mailto:lcalderon@dualcommercial.com)  
[www.dualcommercial.com](http://www.dualcommercial.com)