

ACORD FLOOD INSURANCE APPLICATION

PRODUCER PHONE (A/C, No, Ext): 67488393 Simon corp		POLICY TYPE <input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> RCBAP <input type="checkbox"/> SCHEDULED BUILDING <input type="checkbox"/> MPPP		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RNWL CURRENT POLICY # FL 8949930 1 YR 3 YRS	
AGENT'S <input checked="" type="checkbox"/> TAX ID SOCIAL SECURITY # INSURANCE COMPANY NAME		DIRECT BILL TO <input checked="" type="checkbox"/> INSURED FIRST MORTGAGEE SECOND MTGEE LOSS PAYEE OTHER		WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY INITIAL PURCHASE OF FLOOD INS RELATED TO: <input checked="" type="checkbox"/> LOAN- NO WAITING <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA)- ONE DAY POLICY EFF DATE POLICY EXP DATE 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
INSURED'S NAME, PHONE # AND MAILING ADDRESS SOC SEC #: 8949093 Simon, Beach ville avenue, Florida		PROPERTY LOCATION IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)			
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES:					
1. SBA <input checked="" type="checkbox"/> 2. FEMA 3. FMHA 4. OTHER (SPECIFY):					
CASE NUMBER OR SOCIAL SECURITY #: FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS Gerald, PH: 36478833 23, oakwood suite, florida		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED: <input checked="" type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY)		SECOND MORTGAGEE OR OTHER LOAN NUMBER:	

CONSTRUCTION AND COMMUNITY INFORMATION

COUNTY/PARISH Florida			RCBAP ONLY TOTAL # UNITS (INCLUDE NON-RES) <input checked="" type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE		MANUFACTURED/MOBILE HOME ONLY: YEAR/MAKE/MODEL: WIDTH LEN		
COMM # PANEL # SUFFIX			CONDO COVERAGE IS FOR: <input checked="" type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING		SERIAL NUMBER: IS HOME A DOUBLEWIDE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS HOME PROPERLY ANCHORED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BASEMENT BELOW GRND ON ALL SIDES? <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED IS THERE EQUIPMENT (FURNACE, AIR CONDITIONER, HEAT PUMP, HOT WATER HEATER, ETC) IN THE BASEMENT OR ATTACHED GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)? <input type="checkbox"/> YES <input type="checkbox"/> NO LOWEST FLOOR WHICH INCLUDES LIVING AREA IS OFF GROUND BY MEANS OF: <input type="checkbox"/> PILES <input checked="" type="checkbox"/> PIERS <input checked="" type="checkbox"/> SOLID PERIMETER WALLS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> POSTS <input type="checkbox"/> COLUMNS <input type="checkbox"/> PARALLEL SHEAR WALLS DOES AREA BELOW ELEVATED FLOOR CONTAIN MACHINERY & EQPT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS THERE A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: THERE IS LIMITED COV BELOW THE LOWEST ELEV FLOOR - REVIEW THE POLICY		
LOC IN UNINCORP AREA OF COUNTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS INSURED PROP OWNED BY STATE GOV? <input type="checkbox"/> YES <input type="checkbox"/> NO FLOOD ZONE MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE IS BUILDING SUBSTANTIALLY IMPROVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS BLDG IN COURSE OF CONSTRUCTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input checked="" type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> NONRES (INC HOTEL/MOTEL) IS BLDG PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO LOCATION OF CONTENTS OWNED BY APPLICANT <input checked="" type="checkbox"/> BASEMENT ONLY (LIMITED COV) <input checked="" type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER FLOORS ABOVE GROUND LEVEL ONE FULL FLOOR OR MORE <input type="checkbox"/> BASEMENT & ABOVE <input type="checkbox"/> MANUFACTURED/MOBILE HOME <input type="checkbox"/> LOWEST FLOOR ONLY - ABOVE GROUND LEVEL ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY			# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE 1 <input type="checkbox"/> 3 OR MORE 2 <input type="checkbox"/> SPLIT-LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) MANUFACTURED MOBILE HOME ON FOUNDATION		IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO SOLID PERIMETER WITH OPENINGS ACCORDING TO CODE, SUCH AS VENTS (GARAGE DOORS ARE NOT PERMANENT OPENINGS) <input type="checkbox"/> YES <input type="checkbox"/> NO AREA IS: SQ FT AREA ENCLOSURE # FEET ELEVATED FLR ABOVE GRND <input type="checkbox"/> FINISHED (20 OR MORE LINEAR FEET OF FINISHED WALLS) <input type="checkbox"/> UNFINISHED TYPE OF ENCLOSURE WALLS <input type="checkbox"/> BREAK-AWAY <input type="checkbox"/> LATTICE <input type="checkbox"/> SOLID PERIMETER <input type="checkbox"/> OTHER (DESC): AREA IS USED FOR ESTIMATED REPLACEMENT COST, SINGLE FAM PRIN RES, RCBAP & ALL V-ZONE BLDGS <input type="checkbox"/> PARKING/STORAGE/ACCESS <input type="checkbox"/> OTHER (DESC): \$		

COVERAGE AND RATING (One building per policy - blanket coverage not permitted)

COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REG PROGRAM ONLY)			DED DISC	TOTAL PREMIUM
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM		
BUILDING		.00		.00	.00		.00	.00	.00
CONTENTS		.00		.00	.00		.00	.00	.00
DEDUCTIBLES: BUILDING \$ CONTENTS \$		COMMUNITY RATING CLASS			ANNUAL SUBTOTAL			.00	
RATE TYPE 1. MANUAL 3. ALTERNATIVE 5. MPPP 2. SUBMIT 4. V-ZONE RISK FACTOR 6. PROV RATING		PAYMENT OPTION CREDIT CARD OTHER			ICC PREMIUM			.00	
					SUBTOTAL			.00	
					COMM RATING SYSTEM DISCOUNT			.00	
					SUBTOTAL			.00	
					3 YEAR SUBTOTAL			.00	
					PROBATION SURCHARGE			.00	
					EXPENSE CONSTANT			.00	
					FED POLICY FEE			.00	
					TOTAL PREPAID AMOUNT			.00	