

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: | Country: | 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 # of units

Duplex/Apartment:

Residential – Condominium # of units

Commercial – Condominium: # of units

Commercial: # of units

If a business and contents overage 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?

Basement or enclosure: Yes No Finished Unfinished

If yes, are wash through or breakaway Yes No

walls present?

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

DUAL | 1

| Distance to closest body of water: Total insurable values Coverage types A) Building replacement cost: B) Contents replacement cost: C) Loss of income (12 months) Section III – Excess limits required Building: Contents: Loss of income: Section IV – Underlying flood policy information Primary flood carrier: Policy number: Policy effective date: Section V – Mortgagee information Primary mortgagee: Mailing address: City: State: Section VI – Notice to insured | ue ate: arrier: |
|---|-----------------------|
| A) Building replacement cost: \$ B) Contents replacement cost: \$ C) Loss of income (12 months) \$ Section III – Excess limits required Building: \$ Contents: \$ Loss of income: \$ Section IV – Underlying flood policy information Primary flood carrier: Current excess flood of excess policy number: Excess policy number: Policy effective date: Policy effective date: Policy effective date: Section V – Mortgagee information Primary mortgagee: Loan #: Mailing address: City: State: | ate: arrier: |
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| C) Loss of income (12 months) Requested effective data Building: Contents: Loss of income: Section IV – Underlying flood policy information Primary flood carrier: Policy number: Policy effective date: Current excess flood of Excess policy number: Policy effective date: Policy effective date: Section V – Mortgagee information Primary mortgagee: Mailing address: City: State: | arrier: |
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| Section VI – Notice to insured | |
| | Zip: |
| | |
| Note: This application shall become a part of the certificate. I/We hereby declar and particulars are true, that I/we have not suppressed or misstated any mater 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@dualinsurance.com

www.dualinsurance.com

Luis Calderon, Underwriter

Tel: 973-631-7575 Ext. 163

Fax: 239-263-1808

Email: lcalderon@dualcommercial.com

www.dualinsurance.com