



National 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 Commercial Residential Duplex/Apartment: # of units

Residential – # of units Condominium Commercial – # of units Condominium

Commercial – Condominium: # of units

If a business, description of operations:

Construction type: Frame Fire resistive Masonry Other

Number of floors including basement:

Square footage of lowest floor?

Basement information

Basement or enclosure Yes No Finished Unfinished

If yes, are all 4 side below grade? Yes No

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

Machinery and equipment within the basement or crawl space?

Furnace or boiler: Heat pump Air conditioner Hot water heater
 Oil tank Elevator equipment Cistern Other machinery
 List total value of machinery and equipment

Elevated building

Is the building elevated? Yes No If yes, at what height? ft.
 If yes: On pilings: Concrete piers/columns: Concrete shear walls: Solid perimeter walls
 If yes, are wash through or breakaway walls present? Yes No

Is area below the raised floor enclosed? Yes No If yes, size of enclosure in square feet?
 If yes, is area enclosed with:

Light Wood Lattice: Masonry Walls: Solid Walls: Breakaway Walls: Insect Screening:
 Does Area have flood vents, openings or breakout panels? Yes No

Garage information:

None Attached Detached total square feet

Additional information

Is there a mid-level foyer in the building? Yes No Size of the mid-level foyer?
 Is mid-level foyer used for purposes other than building access? Yes No
 Are there elevators below the base flood elevation? Yes No
 Number of elevators:
 Elevator enclosure material? Please describe
 Property purchase date Is policy for: Owner Tenant
 Is the intended use of the building for business? Yes No
 Is the building a rental property? Yes No
 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:

Section III – NFIP limits required:

Requested effective Date:
 Total insurable values Building replacement cost:\$ Contents replacement cost:\$
 Requested NFIP Limits: Building: \$ Contents: \$ Deductible: \$

Section IV – Mortgagee information:

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

Section V – 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

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