



# 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 Duplex/Apartment:	# of units
	Residential – Condominium	# of units	
	Commercial – Condominium:	# of units	
	Commercial:		

# of units

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
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Number of floors including basement:

Square footage of lowest floor?

Building on driven pilings?

Basement or enclosure:	Yes	No	Finished	Unfinished
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If yes, are wash through or breakaway walls present?	Yes	No
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Is the building elevated? :	Yes	No	If yes, at what height?	ft
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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 types	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
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**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](mailto:tlawson@dualinsurance.com)

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Luis Calderon, Underwriter

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