

National flood insurance application

Please read this application carefully and complete all sections.

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 Commercial – # of units

Condominium 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 Yes No Finished Unfinished

enclosure

If yes, are all 4 side below Yes No

grade?

If yes, are wash through or Yes No

breakaway walls present?

Machinery and equipment within the basement or crawl space?

DUAL | 1

Furnace or boiler: Air conditioner Heat pump 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.

Nο

Solid perimeter walls If yes: On pilings: Concrete piers/columns: Concrete shear walls:

> If yes, are wash through Yes

or breakaway walls

present?

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

If yes, is area enclosed with:

Masonry Walls: Solid Walls: **Breakaway Walls: Light Wood Lattice:** Insect Screening:

Does Area have flood vents, openings or breakout panels? Yes No

Garage information:

Attached Detached total square feet None

Additional information

Is there a mid-level foyer in the building? Yes No Size of the mid-level foyer?

Yes

No

No

Is mid-level foyer used for purposes other than Yes

building access?

elevation?

Number of elevators:

Elevator enclosure material? Please describe

Are there elevators below the base flood

Is policy for: Owner Tenant Property purchase date

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)

Ocean: River: Other: Distance to closest body of water:

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

State: Zip: City:

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

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Luis Calderon, Underwriter

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