



# CBRA NPC FLOOD INSURANCE APPLICATION

\_\_\_NEW POLICY    \_\_\_RENEWAL POLICY

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Property Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

First Mortgagee: \_\_\_\_\_  
Loan#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent**  
Agency Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Tax ID#: \_\_\_\_\_

**Surplus Lines Broker**  
Agency Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Tax ID#: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

**Residential:**  Single Family                       Primary Residence                      **Commercial:**  Condo.Bldg.     Apt.Bldg. # of Units: \_\_\_  
 2-4 Family                                       Secondary Residence                       Hotel / Motel # of Units: \_\_\_\_\_  
 Single Condo/Apt unit                       Tenant Occupied                                       Other: \_\_\_\_\_

**Flood Zone:** \_\_\_\_\_ **No. of Floors** (incl. Basement, if any): \_\_\_\_\_ **Construction:**  Fire-resistive     Masonry  
**Year Built:** \_\_\_\_\_  Basement     Elevated Bldg. On pilings? \_\_\_\_\_  Frame     Other \_\_\_\_\_  
 Pre-FIRM                       Enclosure  
 Post-FIRM: Elevation Difference: \_\_\_ Please indicate if the property is located in:  An ineligible COBRA/OPA area  
 A Non-participating Community

Distance from body of water: \_\_\_\_\_ Describe (i.e., Ocean, River, Lake, etc.): \_\_\_\_\_  
Any flood losses in the past 10 years? \_\_Yes \_\_No If yes, Loss Date: \_\_\_\_\_ Amount of loss: \$ \_\_\_\_\_  
Please explain: \_\_\_\_\_

**DESIRED COVERAGE LIMIT**

**BUILDING RCV:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
**Proposed Effective Date/Renewal Date:** \_\_\_\_\_

**ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.**

This application will be made part of the Insurance Policy, if issued. The insured applicant and agent warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation and concealment herein could void the coverage. The Underwriters reserve the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet underwriting requirements.

**BROKER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_