



Flood Insurance Quote Request

Fax to 1-888-767-0826

**Please send the quote back
to my office via:**

Fax E-mail

Please note that there is a standard 30 day wait period unless a policy is required for a loan closing.

Customer Name			
Location Address	City, State, Zip		
Mailing Address	City, State, Zip		

Agency Code		Agency Fax	
Agency Name		Agency Phone	
Agent Name		Agent E-mail	

Name of County (location address)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Community ID#</td> <td style="width: 33%;">Map Panel</td> <td style="width: 33%;">Suffix</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Community ID#	Map Panel	Suffix	_____	_____	_____
Community ID#	Map Panel	Suffix				
_____	_____	_____				
What is the Flood Zone of the property?						
Date of Construction or Building Permit Date ____/____/____						
Occupancy <input type="checkbox"/> Single Family <input type="checkbox"/> 2 - 4 Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Non-Residential						
Building Type (including basement) <input type="checkbox"/> One Floor <input type="checkbox"/> Two Floor <input type="checkbox"/> Three or More Floors <input type="checkbox"/> Split Level <input type="checkbox"/> Mobile Home*						
*If Mobile Home, is it in a park? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of Permanent Placement ____/____/____						
If not a single family dwelling, how many occupancies (units)?						
Contents located in: <input type="checkbox"/> Basement only <input type="checkbox"/> Basement and above <input type="checkbox"/> Lowest floor only above ground level <input type="checkbox"/> Lowest floor above ground level and higher <input type="checkbox"/> Above ground level more than one full floor						
If building is not a 1-4 family dwelling, please describe it and its use.						

Foundation Type:	
Non-elevated: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement <input type="checkbox"/> Slab on Grade	
Elevated With Enclosure: <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Sub-grade Crawlspace	
Elevated Without Enclosure: <input type="checkbox"/> Open Foundation (piers, posts, pilings, etc.)	
Is Building in course of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is coverage for a condominium unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is coverage for a condo association in one building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Building the Insured's Principal Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this policy for a loan closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____
Does insured qualify as a small business risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Replacement Cost of Building?	\$
Building Coverage Requested?	\$
Building Deductible Requested?	\$
Contents Coverage Requested?	\$
Contents Deductible Requested?	\$