



# NPC / CBRA FLOOD INSURANCE APPLICATION

NEW POLICY       RENEWAL POLICY

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

**First Mortgage:** \_\_\_\_\_  
Loan#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent**

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

**Surplus Lines Broker**     SWBC     Other:

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

**PLEASE CHECK ALL THAT APPLY:**

**Residential:**     Single Family       Primary Residence  
                   2-4 Family         Secondary Residence  
                   Single Condo/Apt unit     Tenant Occupied

**Commercial:**     Condo.Bldg.     Apt.Bldg.: # of Units: \_\_\_\_\_  
                           Hotel / Motel: # of Units: \_\_\_\_\_  
                           Other: \_\_\_\_\_

**Flood Zone:** \_\_\_\_\_ **Yr. Built:** \_\_\_\_\_ **No. of Floors** (incl. Basemnt): \_\_\_\_\_     Pre- OR  Post-FIRM: Elev. Difference: \_\_\_\_\_

Basement?  Y  N    Elevated Bldg?  Y  N    On pilings?  Y  N    Enclosure  Y  N    Size: \_\_\_\_\_ sf

**Construction:**     Frame     Fire-resistive     Masonry     Other \_\_\_\_\_    Use:  Garage     Access     Storage     Other

Distance from source of flooding: \_\_\_\_\_ Describe source of flooding: \_\_\_\_\_

Any flood losses?  Yes     No    If YES: Loss Date: \_\_\_\_\_ Amount of loss: \$ \_\_\_\_\_  
Please describe. Include bldg/conts loss amounts: \_\_\_\_\_

Please indicate if the property is located in:     A Non-participating Community     A CBRA Area (CBRA risks are ineligible.)

**DESIRED BUILDING COVERAGE LIMIT**

**BUILDING 100% 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. **The undersigned warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation or concealment herein could void the coverage.** SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements.

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

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