



WNC First Insurance Services
 9200 S. Dadeland Blvd Ste 409, Miami, FL 33156
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EXCESS FLOOD APPLICATION

Applicant/Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address (if different): _____

City: _____ State: _____ Zip Code: _____

First Mortgagee: _____ Loan No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Second Mortgagee: _____ Loan No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Current Homeowner Carrier: _____ Policy No.: _____

Current Excess Flood Company: _____ Policy No.: _____

UNDERWRITING INFORMATION

OCCUPANCY: Single Family _____ Primary _____ Secondary Residence _____ Tenant Occupied _____ Vacant _____

Condo Units _____ Condo Assoc. _____ Office Bldg. _____ Hotel/Motel _____ Other _____ Builder Risk _____

CONSTRUCTION: Residential _____ Non-residential _____ Fire Resistive _____ Masonry _____ Frame _____

Stories _____ Basement: Finished _____ Unfinished _____ None _____ Enclosure: Yes _____ No _____ Post-FIRM _____ Pre-FIRM _____

FOUNDATION: Slab _____ Pilings _____ **Type of Pilings:** Wood _____ Concrete _____ Driven _____ Poured _____

Building Elevated: Yes _____ No _____ Year Built: _____ NFIP Flood Zone: _____

Base Flood Elevation: _____ Lowest Floor Elevation: _____ Elevation Difference: _____

REPLACEMENT COST OF BUILDING: _____

Distance to Water: Property within 1,000 feet of water? Yes _____ No _____ If Yes, is risk waterfront property? Yes _____ No _____

Any portion of the Building Situated over water? Yes _____ No _____

Any prior flood losses? Yes _____ No _____ Amount of Loss: \$ _____ Date of Loss: ____/____/____

Who to contact for inspection: _____ Phone No.: _____

REQUESTED COVERAGE AMOUNT

RATE

PREMIUM

BUILDING: _____ \$ _____

CONTENTS: _____ \$ _____

Sub-total \$ _____

Policy Fee \$ _____

Inspection Fee \$ _____

Tax \$ _____

Additional Fee \$ _____

TOTAL \$ _____

Requested Date of Coverage: / /

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.

[Important: Primary policy declaration page must be submitted with this application]

Applicant/Insured Signature: _____ Date: ____/____/____

Producer Signature: _____ License # _____ Date: ____/____/____