



## APPLICATION

Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Phone #: \_\_\_\_\_

Client Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Residence?      Yes              No

Any flood insurance claims in the last 10 years?      Yes      No

Building over water?      Yes      No

Square Footage of Structure? \_\_\_\_\_

Building Wall Material \_\_\_\_\_

Building Type \_\_\_\_\_

Year of Construction \_\_\_\_\_

Number of Floors \_\_\_\_\_

Foundation \_\_\_\_\_

Garage              Attached              Detached              Carport              None

Existing Flood Insurance?      Yes              No              Don't Know

Building Coverage Amount? \_\_\_\_\_

Building Deductible? \_\_\_\_\_

Contents Coverage? \_\_\_\_\_              Content Deductible? \_\_\_\_\_