

BALANCE PARTNERS EXCESS FLOOD APPLICATION

Named Insured:					
Mailing Address:					
City:		State:		Zip:	
Property Location					
Street Address:					
City:		County:		State:	
City:		State:		Zip:	
NFIP Flood Zone:			Date of Construction:		
If Post Firm (Built after 1974) and in a Flood Zone A or V an elevation certificate is required					
Occupancy Type					
Single Family: <input type="checkbox"/>		Residential Duplex/Apartment: <input type="checkbox"/>		# of Units:	
Residential – Condominium <input type="checkbox"/>			# of Units:		
Commercial – Condominium <input type="checkbox"/>			# of Units:		
Commercial - Other <input type="checkbox"/>		Description of Operations:			
If there is contents exposure, please provide a description of the type of contents covered and how they are stored:					
Property Cope Information					
Construction Type:					
Frame <input type="checkbox"/>	JM <input type="checkbox"/>	NC <input type="checkbox"/>	MNC <input type="checkbox"/>	MFR <input type="checkbox"/>	Fire Resistive <input type="checkbox"/>
Number of Stories (Excluding Basement):			Square Footage of lowest Floor:		
Basement or enclosure:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Finished <input type="checkbox"/>	Unfinished <input type="checkbox"/>	
If yes, are wash through walls or breakaway walls present?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Building on driven pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what type?		
Is the first-floor parking only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the Building built on stilts over water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the Building under construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the building mobile, manufactured or prefabricated?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Loss Information:		
Any Flood losses in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Date of loss (es) and amount (s):		
Total Insurable Values:		
Building:	Contents:	Loss Of Income (12 Month Valuation): \$
Excess Limits Required:		
Building:	Contents:	Loss of Income:
Blanket Limit: \$	(If blanket limit is required, please check the coverages below that will apply)	
Building: <input type="checkbox"/>	Contents: <input type="checkbox"/>	Loss of Income: <input type="checkbox"/>
Underlying Flood Policy Information:		
Primary Flood Carrier:		
Policy Number:		
Policy Effective Date:	Policy Expiration Date:	
Mortgagee Information:		
Primary Mortgagee:		
Loan #:		
Mailing Address:		
City:	State:	Zip:

Signature of Applicant:

Date