



# National Flood Insurance Application

Please read this application carefully and complete all sections.

## Section I – Applicant:

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section II – Underwriting Information:

NFIP Flood Zone: \_\_\_\_\_

Date of Construction: \_\_\_\_\_

If Post-FIRM Construction and Zone A or V, elevation certificate must be attached.

Occupation: Single Family:  Commercial  Residential Duplex/Apartment:  # of Units: \_\_\_\_\_

Residential – Condominium:  # of Units: \_\_\_\_\_ Commercial – Condominium:  # of Units: \_\_\_\_\_

If a business, description of operations: \_\_\_\_\_

Construction Type: Frame:  Fire Resistive:  Masonry:  Other:  \_\_\_\_\_

Number of floors including basement: \_\_\_\_\_

Square footage of lowest floor? \_\_\_\_\_

### Basement Information:

Basement or enclosure: Yes  No  Finished  Unfinished

If yes, are all 4 sides below grade? : Yes  No

If yes, are wash through or breakaway walls present? : Yes  No

Machinery and equipment within the basement or crawl space?

Furnace or Boiler:  Heat Pump:  Air Conditioner:  Hot Water Heater:

Oil Tank:  Elevator Equipment:  Cistern:  Other Machinery: \_\_\_\_\_

List total value of machinery & equipment: \_\_\_\_\_

### Elevated Building:

Is the building elevated? : Yes  No  If yes, at what height? \_\_\_\_\_ ft.

If yes: On Pilings:  Concrete Piers/Columns:  Concrete Shear Walls:  Solid Perimeter Walls:

If yes, are wash through or breakaway walls present? : Yes  No

Is area below the raised floor enclosed? Yes  No  If yes size of enclosure in square feet? \_\_\_\_\_

If yes, is area enclosed with:

Light Wood Lattice:  Masonry Walls:  Solid Walls:  Breakaway Walls:  Insect Screening:



Does Area have flood vents, openings or breakout panels? Yes  No

**Garage Information:**

None  Attached  Detached Total Square Feet \_\_\_\_\_

**Additional Information:**

Is there a mid-level foyer in the building? Yes  No  Size of the mid-level foyer? \_\_\_\_\_

Is mid-level foyer used for purposes other than building access? Yes  No

Are there elevators below the base flood elevation? Yes  No

Number of elevators : \_\_\_\_\_

Elevator enclosure material? Please describe \_\_\_\_\_

Property Purchase Date \_\_\_\_\_ Is policy for: Owner  Tenant

Is the intended use of the building for business? Yes  No

Is the building a rental property? Yes  No

Any flood losses (last 5 yrs.) \_\_\_\_\_ (If yes, please attach loss run or description of loss)

Distance to closest body of water: \_\_\_\_\_ Ocean: \_\_\_\_\_ River: \_\_\_\_\_ Other: \_\_\_\_\_

**Section III – NFIP Limits Required:**

Requested effective Date: \_\_\_\_\_

Total insurable values Building replacement cost:\$ \_\_\_\_\_ Contents replacement cost:\$ \_\_\_\_\_

Requested NFIP Limits: Building:\$ \_\_\_\_\_ Contents:\$ \_\_\_\_\_ Deductible:\$ \_\_\_\_\_

**Section IV – Mortgage Information:**

Primary mortgagee: \_\_\_\_\_ Loan #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section V – Notice to Insured:**

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

\_\_\_\_\_  
Signature of Applicant (Insured)

\_\_\_\_\_  
Date

Submit to: Teri Lawson, Underwriting Manger  
Tel: 973-631-7575 Ext: 162  
Fax: 239-263-1808  
Email: [tlawson@dualcommercial.com](mailto:tlawson@dualcommercial.com)

Luis Calderon, Underwriter  
Tel: 973-631-7575 Ext. 163  
Fax: 239-263-1808  
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