

# Excess Flood Application

PLEASE INCLUDE A COPY OF THE ELEVATION CERTIFICATE WITH THIS SUBMISSION

## INSURED INFORMATION

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone \_\_\_\_\_

## PROPERTY INFORMATION

Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Is Property Covered Under a Builders Risk Policy Y N  
 Year Built \_\_\_\_\_ Construction \_\_\_\_\_ Number of Families \_\_\_\_\_ Number for Floors \_\_\_\_\_  
 Occupancy: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Seasonal \_\_\_\_\_ Rental \_\_\_\_\_  
 Distance to Nearest Body of Water \_\_\_\_\_ Type of Water Source \_\_\_\_\_  
 Flood Zone \_\_\_\_\_ Enclosed Foundation: Y N

## MORTGAGEE INFORMATION

Lender Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Loan Number \_\_\_\_\_

## POLICY LIMITS REQUESTED

Building Replacement Cost \$ \_\_\_\_\_  
**Building Limit Requested** \$ \_\_\_\_\_  
 Total Contents Cost \$ \_\_\_\_\_  
**Contents Limit Requested** \$ \_\_\_\_\_

## UNDERLYING POLICY INFORMATION

Carrier \_\_\_\_\_ Policy Period From \_\_\_\_\_ to \_\_\_\_\_  
 Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_  
 Maximum Underlying Limit Carried Y N  
**\*MAXIMUM AVAILABLE LIMITS MUST BE CARRIED AT ALL TIMES DURING POLICY TERM\***

## LOSS INFORMATION

<u>Date</u>	<u>Amount Paid</u>	<u>Details</u>
_____	_____	_____
_____	_____	_____

Applicants Statement: I have read the above application and warrant the truthfulness of all information herein which will be material in the event of a claim under this policy. Any misrepresentations or concealment could void this coverage.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit to -

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