

## Non-NFIP Primary Discount Condominium Blanket Flood Insurance App.

Please read this application carefully and complete all sections.

### Section I – Applicant

Condo Ass'n Name:

Mailing Address:

City:

State:

Zip:

Property Location:

City:

County:

State:

Zip:

### Section II – Underwriting Information

NFIP Flood Zone: \_\_\_\_\_ BFE : \_\_\_\_\_ Protection Class: \_\_\_\_\_ Prior Flood Zone: \_\_\_\_\_ (attached EC)

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

Zone B, C, or X : \_\_\_\_\_ Re-Mapping All Bldgs Date: \_\_\_\_\_ (attached zone determinations)

Occupation: Townhouses \* Residential Duplex/Apartment: \* # of Units:

Residential – Condominium: # of Units:

\*Upon approval

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

Number of floors including basement:

Square footage of lowest floor?

Building on driven pilings? Yes No

Basement or enclosure: Yes No Finished Unfinished

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

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

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

Distance to inland salt water: Must be over 250 feet Tidal Waters (salt): Must be over 1,000 feet

Total insurable values	Coverage	Value	Blanket Requested \$1 M to \$10 M
	A) Building replacement cost:	\$ _____	\$ _____
	B) Contents replacement cost:	\$ _____	\$ _____

**Only ONE application is required for Multiple Buildings attach Master listing (excel if possible)**

- **Bldg #**
- **# of Units**
- **NFIP current Premium**
- **Coverage Amount Request**
- **Replacement cost**
- **Deductible**
- **Include copies of RCBAP current policies or NFIP quote**

**Maximum Bldg Coverage 5,000,000 per bldg. Up to 10,000,000 with approval 15,000,000 High Rise**

#### **Section IV – Current Underlying Flood Policy Information: Copy required**

Primary flood carrier:

Current excess flood carrier:

Policy Number:

Excess policy number:

Policy effective date:

Policy effective date:

#### **Section VI – 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.

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Signature of Applicant (Insured)

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Date

#### **Section VII – Producer information**

Broker/Agency Name:

Mailing Address:

City:

State:

Zip:

Contact Person:

Tele:

Fax:

Surplus Lines Broker Name:

Address:

License No:

A signed application is not required to obtain a quote; however, in order to issue the policy, we must receive the following documentation:

1. Completed application with the insured's signature
2. Copy of the underlying declaration page or completed NFIP application
3. Surplus lines broker's responsibility statement
4. Copy of elevation certificate, if applicable
5. Signed TRIA notice, if applicable

***Email Application and supporting documents to:***

**[jbordonaro@floodadvantagepartners.com](mailto:jbordonaro@floodadvantagepartners.com)**