



NPC / CBRA FLOOD INSURANCE APPLICATION

___NEW POLICY ___RENEWAL POLICY

Date: _____
Insured: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____
Property Address (if different):

City: _____ State: _____ Zip: _____
County: _____

First Mortgagee: _____
Loan#: _____
Address: _____
City: _____ State: _____ Zip: _____

Agent
Agency Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
E-mail: _____
Tax ID#: _____

Surplus Lines Broker SWBC Other:
Agency Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Tax ID#: _____

PLEASE CHECK ALL THAT APPLY:

Residential: Single Family Primary Residence
 2-4 Family Secondary Residence
 Single Condo/Apt unit Tenant Occupied

Commercial: Condo.Bldg. Apt.Bldg.: # of Units: _____
 Hotel / Motel: # of Units: _____
 Other: _____

Flood Zone: _____ **Yr. Built:** _____ **No. of Floors** (incl. Basemnt): _____ Pre- OR Post-FIRM: Elev. Difference: _____

Basement? Y N Elevated Bldg? Y N On pilings? Y N Enclosure Y N Size: _____ sf

Construction: Frame Fire-resistive Masonry Other _____ Use: Garage Access Storage Other

Distance from source of flooding: _____ Describe source of flooding: _____

Any flood losses? Yes No If YES: Loss Date: _____ Amount of loss: \$ _____
Please describe. Include bldg/conts loss amounts: _____

Please indicate if the property is located in: A Non-participating Community A CBRA Area (CBRA risks are ineligible.)

DESIRED BUILDING COVERAGE LIMIT

BUILDING 100% RCV: \$ _____ \$ _____

Proposed Effective Date/Renewal Date: _____

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO COMPLETE THIS INSURANCE.

This application will be made part of the Insurance Policy. **The undersigned warrant the truthfulness of this information, which will be material in the event of a claim under the policy. Any misrepresentation or concealment herein could void the coverage.** SWBC reserves the right to cancel coverage upon receipt of an unsatisfactory inspection report or any other information relating to the property which does not meet our underwriting requirements.

BROKER SIGNATURE: _____ DATE: _____

INSURED SIGNATURE: _____ DATE: _____

SOUTHWEST BUSINESS CORPORATION

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