

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Attn: Flood Service Center
P.O. Box 4337, Scottsdale, Arizona 85261
800.423.4403/Fax 714.712.3842

AGENT'S ACCOUNT NUMBER

- NEW
 RENEWAL
CURRENT POLICY NUMBER

****1-4 FAMILY**** ****OTHER RESIDENTIAL**** ****ALL RESIDENTIAL CONTENTS ONLY**** **Flood Insurance**

PREFERRED RISK POLICY APPLICATION

(FLOOD ZONE DETERMINATION REQUIRED WITH APPLICATION)

Rates Effective May 1, 2010

DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		WAITING PERIOD <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN TRANSACTION NO WAITING CLOSING DATE: _____	
AGENT ACCOUNT NUMBER _____		AGENT'S PHONE NUMBER () _____	
AGENT'S FAX NUMBER () _____		POLICY PERIOD IS FROM _____ TO _____ 1201 AM, LOCAL TIME AT THE INSURED PROPERTY LOCATION	
AGENT OR BROKER'S NAME AND MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE _____			
INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER _____			
METHOD OF PAYMENT <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINER'S CLUB Plus 3-Digit Code Printed on Back of Card: _____ <input type="checkbox"/> AMEX Plus 4-Digit code from Front of Card: _____ CREDIT CARD # _____ EXPIRATION DATE: _____		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO. AND ADDRESS <input type="checkbox"/> 2 ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____ LOAN NUMBER _____	
FIRST MORTGAGEE NAME, TELEPHONE NO., FAX NO., AND ADDRESS, INCLUDING LOAN NUMBER _____		NAME OF COUNTY/PARISH _____ COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ FLOOD INSURANCE RATE MAP ZONE _____ (FLOOD ZONE DETERMINATION REQUIRED WITH APPLICATION)	
INSURED'S PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)		IS THE BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL HOTEL/MOTEL)		CONTENTS LOCATED IN <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	
BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE) <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION		BASEMENT/ENCLOSURE/CRAWLSPACE: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> SUBGRADE CRAWL SPACE	
IS BUILDING: CONDO FORM OF OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE /CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING USE: <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, REC BLDG <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____	
INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ESTIMATED REPLACEMENT COST AMOUNT \$ _____	
ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION: _____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION CONSTRUCTION DATE OF MOBILE PARK OR SUBDIVISION FACILITIES: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: _____ (MM/DD/YY)			
MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER MAKE, MODEL AND SERIAL NUMBER _____			

RATES ON SECOND PAGE

FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT. THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PREFERRED RISK POLICY BASED ON ITS FLOOD LOSS HISTORY.

A) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD EXIST?

- 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 YES NO
- 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT YES NO
- 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 YES NO
- 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT YES NO
- 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 YES NO

B) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-30, AO, AH, A99, V, VE, V1-30, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/AO, AR/A1-30. AR/A?

ALL RESIDENTIAL CONTENTS-ONLY COVERAGE ^{1, 2, 4}

With Basement/Enclosure			Without Basement/Enclosure			Contents Locate Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Building	Contents	Premium ²³	Building	Contents	Premium ²³	Contents	Premium ²	Contents	Premium ²
\$ 20,000	\$ 8,000	\$ 144	\$ 20,000	\$ 8,000	\$ 119	\$ 8,000	\$ 39	\$ 8,000	\$ 58
\$ 30,000	\$ 12,000	\$ 175	\$ 30,000	\$ 12,000	\$ 150	\$ 12,000	\$ 55	\$ 12,000	\$ 82
\$ 50,000	\$ 20,000	\$ 226	\$ 50,000	\$ 20,000	\$ 201	\$ 20,000	\$ 86	\$ 20,000	\$ 118
\$ 75,000	\$ 30,000	\$ 267	\$ 75,000	\$ 30,000	\$ 237	\$ 30,000	\$ 100	\$ 30,000	\$ 137
\$ 100,000	\$ 40,000	\$ 294	\$ 100,000	\$ 40,000	\$ 264	\$ 40,000	\$ 112	\$ 40,000	\$ 154
\$ 125,000	\$ 50,000	\$ 314	\$ 125,000	\$ 50,000	\$ 284	\$ 50,000	\$ 124	\$ 50,000	\$ 171
\$ 150,000	\$ 60,000	\$ 333	\$ 150,000	\$ 60,000	\$ 303	\$ 60,000	\$ 136	\$ 60,000	\$ 188
\$ 200,000	\$ 80,000	\$ 368	\$ 200,000	\$ 80,000	\$ 333	\$ 80,000	\$ 160	\$ 80,000	\$ 208
\$ 250,000	\$ 100,000	\$ 395	\$ 250,000	\$ 100,000	\$ 355	\$ 100,000	\$ 184	\$ 100,000	\$ 228

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS ^{1, 2, 3}

With Basement or Enclosure

		Contents Coverage	\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
Building Coverage	\$20,000	\$158	\$172	\$185	\$198	\$210	\$221	\$232	\$242	\$252	
	\$30,000	\$172	\$186	\$199	\$212	\$224	\$235	\$246	\$256	\$266	
	\$50,000	\$206	\$220	\$233	\$246	\$258	\$269	\$280	\$290	\$300	
	\$75,000	\$222	\$236	\$249	\$262	\$274	\$285	\$296	\$306	\$316	
	\$100,000	\$244	\$258	\$271	\$284	\$296	\$307	\$318	\$328	\$338	
	\$125,000	\$251	\$265	\$278	\$291	\$303	\$314	\$325	\$335	\$345	
	\$150,000	\$256	\$270	\$283	\$296	\$308	\$319	\$330	\$340	\$350	
	\$200,000	\$287	\$301	\$314	\$327	\$339	\$350	\$361	\$371	\$381	
\$250,000	\$304	\$318	\$331	\$344	\$356	\$367	\$378	\$388	\$398		

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS ^{1, 2, 3}

Without Basement or Enclosure

		Contents Coverage	\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
Building Coverage	\$20,000	\$130	\$142	\$153	\$164	\$174	\$184	\$193	\$202	\$210	
	\$30,000	\$148	\$159	\$170	\$181	\$191	\$201	\$210	\$219	\$227	
	\$50,000	\$183	\$194	\$205	\$216	\$226	\$236	\$245	\$254	\$262	
	\$75,000	\$203	\$214	\$225	\$235	\$245	\$255	\$264	\$273	\$281	
	\$100,000	\$221	\$232	\$243	\$253	\$263	\$273	\$282	\$291	\$299	
	\$125,000	\$230	\$241	\$252	\$262	\$272	\$281	\$290	\$299	\$307	
	\$150,000	\$237	\$248	\$259	\$269	\$279	\$288	\$297	\$306	\$314	
	\$200,000	\$265	\$276	\$287	\$297	\$307	\$316	\$325	\$333	\$341	
\$250,000	\$280	\$291	\$302	\$312	\$322	\$331	\$340	\$348	\$356		

¹Add the \$50 Probation Surcharge, if applicable

²Premium includes Federal Policy Fee of \$20.00

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Residential Condominium units in a non-residential building cannot purchase building coverage – only contents coverage is available.

³Premium includes ICC premium of \$6.00 Deduct this amount if the risk is a condominium unit.

⁴ Use this "All Residential Contents-Only" premium table for individual residential condominium unit contents – only policies.

ENTER SELECTED OPTION FROM THE PREMIUM TABLES ABOVE.	BUILDING AND CONTENTS COVERAGE COMBINATION Building deductibles, \$1000. Contents deductible, \$1000	CONTENTS COVERAGE ONLY Contents deductible, \$1000
(ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED) THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER THE APPLICABLE FEDERAL LAW.	BUILDING: \$	CONTENTS: \$
	CONTENTS: \$	PREMIUM: \$
	PREMIUM: \$	
	PRINTED NAME OF INS AGENT/BROKER	DATE
	PRINTED NAME OF INSURED/PROPERTY OWENER	SIGNATURE OF INSURED/PROPERTY OWENER

****CREDIT CARD DISCLAIMER:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program Rules and Regulations. In matters involving billing disputes, cancellation is not available other than for billing processing errors or fraud.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO ABIC
SEND ORIGINAL APPLICATION, INCLUDING FLOOD ZONE DETERMINATION, TO THE ADDRESS LISTED ABOVE
PLEASE MAKE A COPY FOR YOUR RECORDS