



3700 Forest Dr, Suite 405  
Columbia, SC 29204

**EXCESS FLOOD APPLICATION**

**Applicant/Insured:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Property Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**First Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Second Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
**Primary Flood Company:** \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Current Excess Flood Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**UNDERWRITING INFORMATION**

**OCCUPANCY:** Single Family \_\_\_\_\_ Primary \_\_\_\_\_ Secondary Residence \_\_\_\_\_ Tenant Occupied \_\_\_\_\_ Vacant \_\_\_\_\_  
Condo Units \_\_\_\_\_ Condo Assoc. \_\_\_\_\_ Office Bldg. \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Other \_\_\_\_\_ Builder Risk \_\_\_\_\_  
**CONSTRUCTION:** Residential \_\_\_\_\_ Non-residential \_\_\_\_\_ Fire Resistive \_\_\_\_\_ Masonry \_\_\_\_\_ Frame \_\_\_\_\_  
Stories \_\_\_\_\_ Basement: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ None \_\_\_\_\_ Enclosure: Yes \_\_\_\_\_ No \_\_\_\_\_ Post-FIRM \_\_\_\_\_ Pre-FIRM \_\_\_\_\_  
**FOUNDATION:** Slab \_\_\_\_\_ Pilings \_\_\_\_\_ **Type of Pilings:** Wood \_\_\_\_\_ Concrete \_\_\_\_\_ Driven \_\_\_\_\_ Poured \_\_\_\_\_  
Building Elevated: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Built: \_\_\_\_\_ NFIP Flood Zone: \_\_\_\_\_  
Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_ Elevation Difference: \_\_\_\_\_  
**REPLACEMENT COST OF BUILDING:** \_\_\_\_\_  
**Distance to Water:** Property within 1,000 feet of water? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, is risk waterfront property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any portion of the Building Situated over Water? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any prior flood losses? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of Loss: \$ \_\_\_\_\_ Date of Loss: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

<b><u>REQUESTED COVERAGE AMOUNT</u></b>	<b><u>RATE</u></b>	<b><u>PREMIUM</u></b>
<b>BUILDING:</b> _____	_____	\$ _____
<b>CONTENTS:</b> _____	_____	\$ _____
	Sub-total	\$ _____
	Policy Fee	\$ _____
	Inspection Fee	\$ _____
	Tax	\$ _____
	Additional Fee	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

**Requested Date of Coverage:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.  
**[Important: Primary policy declaration page must be submitted with this application]**

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Producer Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_