

# WNC Flood Insurance Application



Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Applicant/Insured: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant/Insured: \_\_\_\_\_  
Mailing Address:  Same as Property Address  
 \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 1: Required underwriting information for quoting

Type of cover requested:  Primary Flood  Excess Flood  CBRA  
Occupancy:  Single Family  Low-Rise  High-Rise  Apartment Complex  HOA  Tenant  
 Commercial – Type: \_\_\_\_\_  
Date/Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Units: \_\_\_\_\_  
Foundation:  Slab  Basement  Enclosure  Pilings  Crawlspace  
Flood Zone \_\_\_\_\_ BFE \_\_\_\_\_ LFE \_\_\_\_\_ Elevation Difference \_\_\_\_\_  
Building Replacement Cost \$ \_\_\_\_\_  
Any prior Losses?  No  Yes Date of Loss(es): \_\_\_\_\_ Amount of Loss(es): \$ \_\_\_\_\_  
Description of Loss(es): \_\_\_\_\_

### H: Requested Coverage Amount

Building: \_\_\_\_\_ Deductible (if primary): \_\_\_\_\_  
Contents: \_\_\_\_\_ Deductible (if primary): \_\_\_\_\_  
ALE/BI: \_\_\_\_\_ Deductible: 15 DAYS  
Homeowner Carrier: \_\_\_\_\_ Is risk built over water?  No  Yes

Please send all submissions to: [Excessfloodquote@wncfirst.com](mailto:Excessfloodquote@wncfirst.com)

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## Section 2: Required underwriting information to bind

Mortgagee/Additional Insured

First  Second  Additional Insured

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan #: \_\_\_\_\_

Mortgagee/Additional Insured

First  Second  Additional Insured

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan #: \_\_\_\_\_

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.

\_\_\_\_\_  
Applicant/Insured Signature Date

\_\_\_\_\_  
Producer Signature License # Date

\_\_\_\_\_  
Surplus Lines Broker (if applicable): SLB License #

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