

**EXCESS FLOOD INSURANCE APPLICATION**

NEW POLICY    RENEWAL    XS    XS of XS

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

**First Mortgagee:** \_\_\_\_\_  
Loan #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address (If different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Primary Flood Ins. Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Effective date: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

**If XS of XS:**  
Excess Flood Ins. Carrier: \_\_\_\_\_  
Excess Flood Ins. Carrier: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_

**Surplus Lines Broker:**  
Company Name: Agency Management Corporation  
Address: P.O. Box 15989  
City: Baton Rouge   State: LA   Zip: 70895  
Phone: 225-293-5900   Fax 225-293-0718

**PLEASE CHECK ALL THAT APPLY**

**Residential:**    Single Family    Primary Residence   **Commercial:**    Condo Bldg    Apt Bldg: # of Units: \_\_\_\_\_  
 2-4 Family    Secondary Residence    Hotel/ Motel: # of Units: \_\_\_\_\_  
 Single Family    Tenant Occupied    Other: \_\_\_\_\_

How long has the insured owned or occupied the building? \_\_\_\_\_  Years    Months    New Purchase/New Occupancy

**Flood Zone:** \_\_\_\_\_ **Yr. Built:** \_\_\_\_\_ **No. of Floors** (Incl. Basement): \_\_\_\_\_    Pre-FIRM    Post-FIRM: Elev. Difference \_\_\_\_\_  
A zone risk w/ neg. Elev. Diff. and w/in 1000' of water are ineligible. V zone risk must be on pilings. V zones w/ neg. Elev. Diff are ineligible.

Basement?  Y    N   Elevated Bldg?  Y    N   Enclosures?  Y    N

Construction:  Frame    Fire-Resistive    Masonry    Other \_\_\_\_\_ Bldg on Pilings   Y    N

Distance from source of flooding: \_\_\_\_\_ Describe source of flooding: \_\_\_\_\_

Have there been any flood losses?  Yes    No   If Yes: Loss Date: \_\_\_\_\_ Amount of loss \$ \_\_\_\_\_

Please describe. Include bldg/conts loss amounts: \_\_\_\_\_

**Commercial Contents:** Describe: \_\_\_\_\_ Skipped or Shelved? \_\_\_\_ Height above Floor: \_\_\_\_\_

For V Zone Inspection: Contact Name: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Residential risks must be insured to a total of 80% of the building RCV or the maximum limit available, whichever is less.

<b>BUILDING 100% RCV:</b> \$ _____	Primary Coverage Limit	<b>Requested XS Coverage Limit</b>
<b>CONTENT ACV:</b> \$ _____	\$ _____	\$ _____

**Annual Business Income:** \$ \_\_\_\_\_ **Requested BI Limits:** \$ \_\_\_\_\_ (BI Deductible varies)

Primary SF Residences: Add 5,000 Additional Living Expense Coverage?  Y  N

**DESIRED EFFECTIVE DATE :** \_\_\_\_\_

**Coverage is not bound until notification of such is received from Agency Management Corporation.**

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.**

Company 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. **The underlying coverage must be written at maximum limits.**

**Coverage hereunder will cease if the underlying coverage lapses or is cancelled or non-renewed.**

**AGENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_