



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-585-2853 • Fax 877-585-2854

## FLOOD INSURANCE APPLICATION

### 1. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Residential Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location (if different): \_\_\_\_\_

Population within 50 Miles: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Is the Applicant married?  Yes  No

If yes, answer: Spouse's Name: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Broker E-mail: \_\_\_\_\_

### 2. Insurance History

a. Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

b. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Policy number			
Annual Premium	\$	\$	\$
Expiration Date			

c. Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes  No

d. If the standard markets are declining placement, please explain why: \_\_\_\_\_

\_\_\_\_\_

e. Does the Subject property currently have Flood Insurance Coverage which will be maintained during the full term of any Excess Flood Policy?  Yes  No

If yes, a copy of such Policy must be provided to the excess insurer.

f. Does the Subject property currently have fire insurance coverage which will be maintained during the full term of any Flood Policy?  Yes  No

If so, a copy of such Policy must be provided to the excess insurer.

### 3. Desired Insurance

a. Policy Form:  Personal Flood Insurance  Commercial Flood Insurance

b. Term:  1 Year

- c. Coverage:  Flood Insurance  Excess Flood Insurance,  
 Flood including basement coverage.  
 Excess Flood including basement coverage.

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

(For basement coverage, see section labeled basement or enclosures below.)

**4. Dwelling Values:**

Dwelling: \$ \_\_\_\_\_  
 Other Structures: \$ \_\_\_\_\_  
 Personal Property: \$ \_\_\_\_\_  
 Loss of Use: \$ \_\_\_\_\_  
 Liability: \$ \_\_\_\_\_

**Deductible:**  \$500  \$1,000  \$1,500  \$2,500  \$5,000  \$10,000

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Wind Deductible:** \$ \_\_\_\_\_

**5. Property Information**

Answer the following questions for each location to be insured (attach additional schedules for additional building and contents if needed):

- A. County: \_\_\_\_\_
- B. Total monthly household income and source(s) \$ \_\_\_\_\_
- C. Has the Applicant ever filed for bankruptcy?  Yes  No
- D. Applicant's current employer(s): \_\_\_\_\_
- i. Name: \_\_\_\_\_
- ii. Address: \_\_\_\_\_
- iii. Job title of Applicant: \_\_\_\_\_
- iv. Length of time employed there: \_\_\_\_\_
- E. Mortgages/additional interests: \_\_\_\_\_
- F. Mortgagee Name & Address: \_\_\_\_\_
- G. Remaining balance of mortgage: \$ \_\_\_\_\_
- H. Number of years left on loan: \_\_\_\_\_
- I. Are mortgage payments current?  Yes  No

**6. Building Occupancy (complete if Commercial Flood Insurance is desired)**

- A. Use/Occupancy (circle number of occupants): 1 2 3 4  Family  Owner  Tenant Occupied  
 Commercial (describe current or former occupancy): \_\_\_\_\_  
 Other:  Residential Condo  Commercial Condo  Apartment (5+family)  
 Year Built: \_\_\_\_\_ Number of Floors(including basement): \_\_\_\_\_

**7. Structural Information**

- A. Is the building currently vacant?  Yes  No  
If yes, answer:
  - i. Length of vacancy (yrs./mos.): \_\_\_\_\_
  - ii. Future plans: \_\_\_\_\_
- B. Stories: \_\_\_\_\_
- C. Year built: \_\_\_\_\_
- D. Square feet (not including basement): \_\_\_\_\_
- E. Public protection class: \_\_\_\_\_
- F. Distance to nearest fire department?  Within 1 mile  1-5 miles  Over 5 miles
- G. Distance to nearest fire hydrant?  Within 500 feet  501 feet-1,000 feet  Over 1,000 feet
- H. Construction:  Frame  Masonry
- I. Garage:  Attached  Free standing  None
- J. Type of roof:  Shingle  Tin  Earthen  Tile  Gravel  Other: \_\_\_\_\_
- K. Has the roof been replaced?  Yes  No If yes, when (year): \_\_\_\_\_
- L. Roof condition:  Excellent  Good  Fair  Poor
- M. Type of wiring:  Copper  Aluminum  Other: \_\_\_\_\_
- N. Has the wiring been replaced?  Yes  No If yes, when (year): \_\_\_\_\_
- O. Does the structure have fuses or breakers?  Yes  No
- P. Plumbing type:  Lead  Copper  Other: \_\_\_\_\_
- Q. Has the plumbing been replaced?  Yes  No If yes, when (year): \_\_\_\_\_
- R. Foundation type:  Cement Foundation  Pylons  Other: \_\_\_\_\_
- S. Describe condition of foundation:  Good  Poor  Needs Repair
- T. Primary heat source: \_\_\_\_\_ Does the property contain a kerosene or woodstove?  Yes  No
- U. Central air?  Yes  No
- V. Site security (if any): \_\_\_\_\_
- W. Condition of dwelling:  Excellent  Good  Above Average  Fair
- X. Livestock or domestic pets?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Y. Smoke detector?  Battery  Direct Wire  None
- Z. Carbon monoxide detector?  Battery  Direct Wire  None

**8. Surrounding Hazards**

- A. Is structure surrounded by trees?  Yes  No  
If yes, please answer:
  - i. Type(s) of tree(s): \_\_\_\_\_
  - ii. Average height: \_\_\_\_\_
- B. Is there telephone or electrical poles close to structure?  Yes  No
- C. Describe the general characteristics of surrounding area: \_\_\_\_\_
- D. Are there any other factors that would constitute a wind hazard?  Yes  No
- E. Is this location within 50 miles of an ocean or a great lake?  Yes  No  
If yes, what is the name of the body of water? \_\_\_\_\_
- F. Are there any bodies of water close to structure including rivers, lakes, ponds, or any other possible water hazard?  
If yes, describe \_\_\_\_\_
- G. Is the subject property above or below any of the nearby bodies of water described above?  Yes  No

If yes, by what height? \_\_\_\_\_

H. Is the subject property located within 50 miles of any Dam (of any type or description whatsoever)?  Yes  No  
If so, describe and name each such Dam, and state the distance from the subject property? \_\_\_\_\_

I. Is structure located in flood plain?  Yes  No

If yes, what is the frequency of floods in that area? \_\_\_\_\_

J. Has there ever been flood or other water damage to structure?  Yes  No

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

If yes, please describe the circumstances \_\_\_\_\_

K. Is there a pool near the structure?  Yes  No

L. What is the elevation above sea level of the subject property? \_\_\_\_\_

M. Is there a trampoline near structure?  Yes  No

N. Is there any kind of fuel storage structures, including propane tanks, located near structure?  Yes  No

If yes, indicate distance from structure: \_\_\_\_\_

O. Please describe any un-repaired damage: \_\_\_\_\_

**9. Elevated Building**

Building has no basement and has the lowest floor raised above ground level by foundation walls, shear walls, posts, piers, pilings, or columns (includes buildings on crawl spaces)  Yes  No

If yes: a)  On Pilings  Concrete Piers/Columns  Concrete Shear Walls  Solid Perimeter Walls

b) Is this areas below the raised floor enclosed  Yes  No

c) If yes, what is the square footage of enclosure? \_\_\_\_\_

**9. Basement/Enclosures Below (excluded unless specifically request)**

If yes: a) Are all four sides below grade?  Yes  No

b)  Finished  Unfinished

c) What is contained in the basement?

Furnace or Boiler  Heat Pump  Air Conditioner  Hot Water Heater  Oil Tank  Cistern

Elevator Equipment  Other \_\_\_\_\_

## REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name