

GENERAL INFORMATION	Effective Date:	
Insured Name: Mailing Address : Property Address (if different to above)		

Troperty Address (II different to ab	010)						
INDEDWATING INFORMATION NEIDEL-17							
UNDERWRITING INFORMATION		NFIF F	lood Zone				
100% Replacement Cost Values:							
Building (s) \$ Conte	ents \$	B.I. \$	(12 months)				
Limits Requested:	Contents, Limit C		D. I. I	(12 months)			
Building(s): Limit \$ Deductible: \$							
Deductible: \$	Deducti	σις. φ	_ Deductions. \$				
OCCUPANCY (check all which apply):							
Operations at location being covered: If Contents coverage required, describe type of Contents							
11 Contents coverage required, describe type of Contents							
Residential							
☐ Single Family ☐ Duplex/Townl	nome Apartr	nent/Condo	Primary Residence?	Yes □ No □			
Commercial Building ☐ Office Building ☐ Hotel/Motel [∃Condo No of I	Inits	□ Other (describe)				
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CONSTRUCTION		ANG FOI	(1 1)				
a) Type: ☐ Frame ☐ Masonry w/Veneer ☐ JM ☐ MNC ☐ Other (describe)							
□ Slab □ Pier							
	h or Breakaway W	alls Present?	Yes □ No □				
c) Is first Floor Parking only? Yes □ No □ d) Year Built							
e) Total Square Footage?sf.							
f) Number of stories (including basement)?							
LOSS RECORD							
Any Flood losses past 5 years Yes □ No □							
if yes, amount (s) and date (s) loss(es)							
Mortgagee:							
Name:							
Address:							
Loan Number:							
				-1			

Dated:

INSURED SIGNATURE:____