

The Insurance Store Flood Application

Applicant Information:

Applicant Name: _____

Contact Information:

Home Telephone Number: _____

Work Telephone Number: _____

Cell Telephone Number: _____

Email address: _____

Property Information:

Address: _____

City: _____ State: _____ Zip: _____

Waiting Period: ___ Standard 30-day

Application Date: ___/___/___

Occupancy: ___ Single Family ___ 2-4 Family ___ Other Residential ___ Non-Residential

Number of Floors: ___ Single Floor ___ 2 Floors ___ 3 or More ___ Split Level ___ Mobile Home

Foundation: ___ Built on Slab at Ground Level

___ Sub-Grade on all sides - Unfinished

___ Sub-Grade on all sides - Finished

___ Elevated - Without Enclosure

___ Elevated - With Enclosure

Year Built: _____

Condo: Yes ___ No ___ (If yes, complete the questions below)

Is the building a Townhouse/Rowhouse: Yes ___ No ___

Number of Units _____ Number of Stories _____

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Is the property located in an unincorporated area of county: Yes ___ No ___

Is the building in Course of Construction: Yes ___ No ___

If yes, is the building walled or roofed: _____

Is the building insured's principal residence: Yes ___ No ___

Is the building State Government Owned: Yes ___ No ___

Is the policy required for Disaster Assistance: Yes ___ No ___ (If yes, provide following info)

Is garage attached to the building: Yes ___ No ___ (If yes, complete garage information below)

Does the garage contain machinery or equipment: Yes ___ No: ___

Is the garage used for any purpose other than building access, parking, or storage:
Yes ___ No ___ What is the other purpose? _____

Elevation Information:

If in flood zone - Do you have an Elevation Certificate: Yes ___ No ___

Lowest floor elevated by: ___ Piles or Posts ___ Columns

___ Concrete Shear Walls ___ Solid Perimeter Walls

___ Masonry or Concrete Piers ___ Other

Location of Contents:

___ No Contents ___ Lowest Floor Only-Above Ground Level

___ Basement & Above ___ Lowest Floor Above Ground Level and Higher

___ Enclosure & Above ___ Above Ground Level - More Than One Floor

___ In Mobile Home

Building Coverage: \$ _____ Building Deductible: \$ _____ (\$1,000-50,000)

Contents Coverage \$ _____ Contents Deductible: \$ _____ (\$1,000-50,000)

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FAX to 425.392.4511 or email to flood@theinsurancestore.com