

**The Insurance Store, Inc**

**10832 185th Ave SE  
Issaquah, WA 98027**

**EXCESS FLOOD APPLICATION**

**Applicant/Insured:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Property Address (if different):** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**First Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Second Mortgagee:** \_\_\_\_\_ Loan No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
**Primary Flood Company:** \_\_\_\_\_ Policy No./Quote No.: \_\_\_\_\_  
**Current Excess Flood Company** \_\_\_\_\_ Current Limits: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**UNDERWRITING INFORMATION**

**OCCUPANCY:** Single Family \_\_\_\_\_ Primary \_\_\_\_\_ Secondary Residence \_\_\_\_\_ Tenant Occupied \_\_\_\_\_ Vacant \_\_\_\_\_  
 # Condo Units \_\_\_\_\_ Condo Assoc. \_\_\_\_\_ Office Bldg. \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Other \_\_\_\_\_  
**CONSTRUCTION:** Fire Resistive \_\_\_\_\_ Masonry \_\_\_\_\_ Frame \_\_\_\_\_ Brick Veneer \_\_\_\_\_ Other: \_\_\_\_\_  
**TYPE:** Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_ # Stories \_\_\_\_\_  
 Basement: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ None \_\_\_\_\_  
 Enclosure: Yes \_\_\_\_\_ No \_\_\_\_\_ Post-FIRM \_\_\_\_\_ Pre-FIRM \_\_\_\_\_  
**FOUNDATION:** Slab \_\_\_\_\_ Pilings \_\_\_\_\_  
**Type of Pilings:** Wood \_\_\_\_\_ Concrete \_\_\_\_\_ Driven \_\_\_\_\_ Poured \_\_\_\_\_  
 Building Elevated: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Built: \_\_\_\_\_ NFIP Flood Zone: \_\_\_\_\_  
 Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevations: \_\_\_\_\_ Elevation Difference: \_\_\_\_\_

**REPLACEMENT COST OF BUILDING**

Distance to Water: Property within 5 miles of salt water? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, is risk waterfront Property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any flood losses in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of Loss: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
 Who to contact for inspection: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**REQUESTED COVERAGE AMOUNT**

**EXCESS BUILDING LIMIT:** \_\_\_\_\_ **EXCESS CONTENTS LIMIT:** \_\_\_\_\_  
**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 coverages.

Acceptance of this application does not bind the Underwriters to complete this insurance.

**[Important: Primary flood policy application or declaration page must be submitted with this application]**

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer/Agent/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Producer/Agent/Broker Name: \_\_\_\_\_ License No. \_\_\_\_\_

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