



# Lexington Insurance Company

## Excess Flood Application

New  Renewal, Prior Policy #: \_\_\_\_\_

Date Coverage Is To Be Effective: \_\_\_\_\_

### Insured Information:

Name: \_\_\_\_\_

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

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

Insured Location: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Agent Information:

Producer: \_\_\_\_\_

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

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

Phone / Fax Number: \_\_\_\_\_

### Mortgagee (s) Information/Additional Interests

Loan Number 1: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

### Property Information:

Is property covered under a Builder's Risk policy? Y N

If Yes, is it walled and roofed \_\_\_\_\_

Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: Y N

Construction: Masonry \_\_\_\_\_ Frame \_\_\_\_\_ Year Built: \_\_\_\_\_

Breakaway Walls Y N

Distance to Ocean / Bay / Gulf \_\_\_\_\_ Ft. \_\_\_\_\_ Miles

Stormshutters Y N If yes, type \_\_\_\_\_

### Limits of Policy:

Buildings: Est. Replacement Cost \$ \_\_\_\_\_

=> Building Limit Requested \$ \_\_\_\_\_

Contents: Estimated Cost \$ \_\_\_\_\_

=> Contents Limit Requested \$ \_\_\_\_\_

### Underlying Policy Information

#### Present NFIP/WYO Carrier:

Policy Term: \_\_\_\_\_ Underlying carrier: \_\_\_\_\_

Non-Renewed: Y N Why? \_\_\_\_\_

#### Renewal or Replacement NFIP/WYO Carrier:

Policy Term: \_\_\_\_\_ Underlying carrier: \_\_\_\_\_

Pol #: \_\_\_\_\_ Eff Date: \_\_\_/\_\_\_/\_\_\_

Coverage: Bldg. \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_

Maximum Underlying Limit Carried: Y N (Max Required)

NFIP/WYO Program: Regular \_\_\_\_\_ Preferred \_\_\_\_\_

Number of families: \_\_\_\_\_ Single Family \_\_\_\_\_ 2-4 Family

Condominium Unit \_\_\_\_\_ Apartment \_\_\_\_\_

Occupancy: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Seasonal \_\_\_\_\_ Rental \_\_\_\_\_

Flood Zone \_\_\_\_\_ Number of Floors \_\_\_\_\_

Pre-Firm \_\_\_\_\_ OR Post Firm \_\_\_\_\_

Dwelling has basement or enclosed foundation: Y N

Elevation Difference: \_\_\_\_\_ (+/-BFE)

#### Contents Location:

\_\_\_\_\_ Basement and Above \_\_\_\_\_ Enclosure and above

\_\_\_\_\_ Lowest floor only-above ground level

\_\_\_\_\_ Lowest floor above ground level and higher floors

\_\_\_\_\_ Above ground level- More than one full floor

**Maximum Available Limits Must Be Carried At All Times During The Policy Term -- 25% Minimum Earned Premium Applies**

### Prior Carrier / Flood Related Loss Information

Excess Flood Carrier: \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Premium: \$ \_\_\_\_\_ Non-Renewed: Y N

Reason/Remarks: \_\_\_\_\_

<u>Date</u>	<u>Amount</u>	<u>Details</u>
_____	_____	_____
_____	_____	_____

Applicants Statement: I have read the above application and warrant the truthfulness of all information herein which will be material in the event of a claim under the policy. Any misrepresentations or concealment could void the coverage.

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

### In order to bind coverage the following must accompany this application:

**EXF APP 01 99**

1. Net Premium
2. Copy of Excess Flood Quote
3. Copy of current NFIP/WYO Declaration Page
4. Evidence of Wind Coverage in-force
5. Diligent Effort Form
6. Elevation Certificate
7. Property Inspection Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_