

Company Name

Flood Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Name:
Social Security Number: *Ex: 111-11-1111*
*Address:
*City: *State: *Zip Code:
*Day Phone: *Evening Phone: *Ex: 920-111-2222*
Best Time to Call:
*E-Mail Address:
*Confirm E-Mail Address:
*Property Address: (type "same" if same as above)
City: State: Zip Code:

Current Flood Insurance Information

Company Name (not agency):
Policy Expiration Date: *Ex: 01/12/2007*
Premium Amount: \$
Amount Insured For: \$
Policy Type:
Term: 6 Months 1 Year Other

Home Information

Length of Time at Present Address: Years Months
Year Home was Built:
Lender Name:
City: State: Zip Code:
Square Footage (excluding basement and garage):
Number of Claims in the Last Three Years:

Structure Information

Type	Construction	Roof	Foundation	Garage
		Age of Roof: Yrs.		

Coverage Desired

Dwelling Deductible: Enter Limit for Dwelling Coverage: \$

Content Deductible: Enter Limit for Content Coverage: \$

Personal Property Location *(please select all that apply):*

Basement Only

Lowest Floor Only Above Ground Level *(basement not included)*

Basement and Above

Lowest Floor Above Ground Level and Above

Miscellaneous Information

Do you qualify as a small business risk?

Is the building your principle residence?

Is the building in the course of construction?

Is the building in a special flood hazard area?

Is the building elevated?

Is the building in a FEMA flood rate zone?

Is the insured property owned by the state government?

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above; please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the determination and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates.

Yes No

***Enter Your Initials Here:**

***Today's Date:**

Ex: 01/12/2007

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