

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Attn: Flood Service Center
 P.O. Box 4937, Scottsdale, Arizona 85281
 800.423.4403/Fax 714.712.3842

AGENT'S ACCOUNT NUMBER	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
	CURRENT POLICY NUMBER

****NON-RESIDENTIAL****
Building and Contents
Contents Only
Flood Insurance

PREFERRED RISK POLICY APPLICATION
 (FLOOD ZONE DETERMINATION REQUIRED WITH APPLICATION)

Rates Effective May 1, 2010

DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		WAITING PERIOD <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN TRANSACTION NO WAITING CLOSING DATE: _____	
AGENT ACCOUNT NUMBER _____ AGENT'S PHONE NUMBER () _____ AGENT'S FAX NUMBER () _____		POLICY PERIOD IS FROM _____ TO _____ <small>12:01 AM LOCAL TIME AT THE INSURED PROPERTY LOCATION</small>	
AGENT OR BROKER'S NAME AND MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE _____		INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER _____	
<input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINER'S CLUB <small>Plus 3-Digit Code Printed on Back of Card: _____</small> <input type="checkbox"/> AMEX Plus 4-Digit Code from Front of Card: _____ <input type="checkbox"/> DINER'S CLUB Plus 3-Digit Code Printed on Back of Card: _____ CREDIT CARD # _____ EXPIRATION DATE: _____		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO. AND ADDRESS <input type="checkbox"/> 2 ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____	
FIRST MORTGAGEE NAME, TELEPHONE NO., FAX NO., AND ADDRESS, INCLUDING LOAN NUMBER _____ LOAN NUMBER _____		LOAN NUMBER _____ NAME OF COUNTY/PARISH _____ COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ FLOOD INSURANCE RATE MAP ZONE _____ (FLOOD ZONE DETERMINATION REQUIRED WITH APPLICATION) IS THE BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURED'S PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)		CONTENTS LOCATED IN <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOOR <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	
BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)		BASEMENT/ENCLOSURE/CRAWL SPACE: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED/ENCLOSURE <input type="checkbox"/> UNFINISHED/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE	
BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE) <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION		INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO ESTIMATED REPLACEMENT COST AMOUNT \$ _____	
IS BUILDING: CONDO FORM OF OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROW/HOUSE CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING USE: <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, REC BLDG <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____	
ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION: _____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION CONSTRUCTION DATE OF MOBILE PARK OR SUBDIVISION FACILITIES: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: _____ (MM/DD/YY)			
MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____			

RATES ON SECOND PAGE

FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT. THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PREFERRED RISK POLICY BASED ON ITS FLOOD LOSS HISTORY.

A) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD EXIST?

- 2 LOSS PAYMENTS, EACH MORE THEN \$1,000 YES NO
- 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT YES NO
- 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 YES NO
- 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT YES NO
- 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 YES NO

B) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-30, AO, AH, A99, V, VE, V1-30, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/AV, AR/A1-30, AR/AV? YES NO

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS 1,2,3
With Basement or Enclosure

Contents Coverage	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
	Building Coverage	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000
\$50,000	\$887	\$1,146	\$1,394	\$1,630	\$1,855	\$2,069	\$2,272	\$2,463	\$2,643	\$2,812
\$100,000	\$1,261	\$1,520	\$1,767	\$2,003	\$2,228	\$2,442	\$2,645	\$2,838	\$3,016	\$3,185
\$150,000	\$1,538	\$1,795	\$2,042	\$2,278	\$2,503	\$2,717	\$2,920	\$3,111	\$3,291	\$3,460
\$200,000	\$1,685	\$1,944	\$2,191	\$2,427	\$2,652	\$2,866	\$3,069	\$3,260	\$3,440	\$3,609
\$250,000	\$1,780	\$2,049	\$2,298	\$2,532	\$2,757	\$2,971	\$3,174	\$3,365	\$3,545	\$3,714
\$300,000	\$1,906	\$2,165	\$2,412	\$2,648	\$2,873	\$3,087	\$3,290	\$3,481	\$3,661	\$3,830
\$350,000	\$2,034	\$2,293	\$2,540	\$2,776	\$3,001	\$3,215	\$3,417	\$3,608	\$3,788	\$3,957
\$400,000	\$2,118	\$2,377	\$2,624	\$2,860	\$3,085	\$3,299	\$3,501	\$3,692	\$3,872	\$4,041
\$450,000	\$2,214	\$2,473	\$2,720	\$2,956	\$3,181	\$3,395	\$3,597	\$3,788	\$3,968	\$4,137
\$500,000	\$2,319	\$2,578	\$2,825	\$3,061	\$3,286	\$3,500	\$3,702	\$3,893	\$4,073	\$4,242

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS 1,2,3
Without Basement or Enclosure

Contents Coverage	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
	Building Coverage	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000
\$50,000	\$657	\$695	\$827	\$953	\$1,073	\$1,187	\$1,295	\$1,397	\$1,493	\$1,583
\$100,000	\$749	\$887	\$1,019	\$1,145	\$1,265	\$1,379	\$1,487	\$1,589	\$1,685	\$1,776
\$150,000	\$892	\$1,030	\$1,162	\$1,288	\$1,408	\$1,522	\$1,630	\$1,732	\$1,828	\$1,916
\$200,000	\$1,041	\$1,179	\$1,311	\$1,437	\$1,557	\$1,671	\$1,779	\$1,881	\$1,977	\$2,067
\$250,000	\$1,141	\$1,279	\$1,411	\$1,537	\$1,657	\$1,771	\$1,879	\$1,981	\$2,077	\$2,167
\$300,000	\$1,247	\$1,385	\$1,517	\$1,643	\$1,763	\$1,877	\$1,985	\$2,087	\$2,183	\$2,273
\$350,000	\$1,304	\$1,442	\$1,574	\$1,700	\$1,820	\$1,934	\$2,042	\$2,144	\$2,240	\$2,330
\$400,000	\$1,387	\$1,605	\$1,637	\$1,763	\$1,883	\$1,997	\$2,105	\$2,207	\$2,303	\$2,393
\$450,000	\$1,436	\$1,674	\$1,706	\$1,832	\$1,952	\$2,066	\$2,174	\$2,276	\$2,372	\$2,462
\$500,000	\$1,511	\$1,649	\$1,781	\$1,907	\$2,027	\$2,141	\$2,249	\$2,351	\$2,447	\$2,537

NON-RESIDENTIAL CONTENTS-ONLY COVERAGE 1,2

Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium*	Contents	Premium*
\$ 50,000	\$152	\$ 50,000	\$337
\$ 100,000	\$227	\$ 100,000	\$507
\$ 150,000	\$302	\$ 150,000	\$677
\$ 200,000	\$377	\$ 200,000	\$847
\$ 250,000	\$452	\$ 250,000	\$1,017
\$ 300,000	\$527	\$ 300,000	\$1,187
\$ 350,000	\$602	\$ 350,000	\$1,357
\$ 400,000	\$677	\$ 400,000	\$1,527
\$ 450,000	\$752	\$ 450,000	\$1,697
\$500,000	\$827	\$500,000	\$1,867

*Add the \$50 ProbaTon Surcharge, if applicable
 *Premium includes Federal Policy Fee of \$20.00
 *Premium includes ICC premium of \$6.00. Deduct this amount if the risk is a condominium unit.
 NOTES: Non-Residential Condominium Associations are eligible for the Preferred Risk Policy. Individual Non-Residential Condominium units are eligible for Contents Only policy (building coverage is not allowed).
 The deductibles apply separately to building and contents.

ENTER SELECTED OPTION FROM THE PREMIUM TABLES ABOVE.

BUILDING AND CONTENTS COVERAGE COMBINATION Building deductible, \$1000. Contents deductible, \$1000	CONTENTS COVERAGE ONLY Contents deductible, \$1000	(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)
BUILDING: \$	CONTENTS: \$	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER THE APPLICABLE FEDERAL LAW.
CONTENTS: \$	PREMIUM: \$	
PREMIUM: \$		

****CREDIT CARD DISCLAIMER:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program Rules and Regulations. In matters involving billing disputes, cancellation is not available other than for billing processing errors or fraud.

PRINTED NAME OF INS AGENT/BROKER	DATE	SIGNATURE OF INS AGENT/BROKER
PRINTED NAME OF INSURED/PROPERTY OWNER		SIGNATURE OF INSURED/PROPERTY OWNER

MAKE CHECKS OR MONEY ORDERS PAYABLE TO ABIC
 SEND ORIGINAL APPLICATION, INCLUDING FLOOD ZONE DETERMINATION, TO THE ADDRESS LISTED ABOVE
 PLEASE MAKE A COPY FOR YOUR RECORDS