

# AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Attn: Flood Service Center  
P.O. Box 4337, Scottsdale, Arizona 85261  
800.423.4403/Fax 714.712.3842

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

## \*\*1-4 FAMILY\*\* \*\*OTHER RESIDENTIAL\*\* \*\*ALL RESIDENTIAL CONTENTS ONLY\*\* Flood Insurance

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

Rates Effective May 1, 2010

<b>DIRECT BILL INSTRUCTIONS</b> <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		<b>WAITING PERIOD</b> <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN TRANSACTION NO WAITING CLOSING DATE: _____	
<b>AGENT ACCOUNT NUMBER</b> _____ <b>AGENT'S PHONE NUMBER</b> ( ) _____ <b>AGENT'S FAX NUMBER</b> ( ) _____		<b>POLICY PERIOD IS FROM</b> _____ <b>TO</b> _____ 1201 AM, LOCAL TIME AT THE INSURED PROPERTY LOCATION	
<b>AGENT OR BROKER'S NAME AND MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE</b> _____		<b>INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER</b> _____	
<b>METHOD OF PAYMENT</b> <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINER'S CLUB Plus 3-Digit Code Printed on Back of Card: _____ <input type="checkbox"/> AMEX Plus 4-Digit code from Front of Card: _____ CREDIT CARD # _____ EXPIRATION DATE: _____		<b>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</b> <input type="checkbox"/> 2 <sup>ND</sup> MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____  LOAN NUMBER _____	
<b>FIRST MORTGAGEE NAME, TELEPHONE NO., FAX NO., AND ADDRESS, INCLUDING LOAN NUMBER</b>  LOAN NUMBER _____		<b>NAME OF COUNTY/PARISH</b> _____ <b>COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED</b> _____ <b>FLOOD INSURANCE RATE MAP ZONE</b> _____ <b>(FLOOD ZONE DETERMINATION REQUIRED WITH APPLICATION)</b>	
<b>INSURED'S PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)		<b>IS THE BUILDING LOCATED ON FEDERAL LAND?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BUILDING OCCUPANCY</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)		<b>CONTENTS LOCATED IN</b> <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 <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	
<b>BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE)</b> <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		<b>BASEMENT/ENCLOSURE/CRAWLSPACE:</b> <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> SUBGRADE CRAWL SPACE	
<b>IS BUILDING:</b> CONDO FORM OF OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE /CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>BUILDING USE:</b> <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: _____	
<b>ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS:</b> <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)		<b>INSURED'S PRINCIPAL RESIDENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>ESTIMATED REPLACEMENT COST AMOUNT</b> \$ _____	
<b>MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER MAKE, MODEL AND SERIAL NUMBER</b> _____			

RATES ON SECOND PAGE

