

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA FLOOD INSURANCE APPLICATION/ENDORSEMENT

Attn: Flood Service Center* P.O. Box 4337*Scottsdale, Arizona 85281*800.423.4403/Fax 714.712.3842
PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

POLICY NUMBER: _____

UNREV U ENDORSEMENT U FORCE
 U RENEWAL U VOLUNTARY U PLACED

DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL 1 st MORTGAGEE <input type="checkbox"/> BILL OTHER: _____		WAIT PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN TRANSACTION NO WAITING <input type="checkbox"/> LENDER REQUIRED (SFHA only) NO WAITING <input type="checkbox"/> MAP REVISION-ZONE CHANGE FROM NON-SFHA TO SFHA (1-DAY WAIT)		LOAN CLOSING DATE / / EFFECTIVE DATE / / EXPIRATION DATE / /		METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> OWNER'S CLUB <input type="checkbox"/> DISCOVER 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: _____	
AGENT'S ACCT NUMBER _____		AGENT'S PHONE NUMBER () _____		AGENT'S FAX NUMBER () _____		INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER: _____ _____ _____	
AGENT OR BROKER'S NAME AND ADDRESS: _____ _____ _____		IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____		PROPERTY LOCATION SAME AS INSURED'S 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): _____ _____		ENTER CASE FILE NUMBER: _____	
NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE, INCLUDING LOAN NUMBER _____ _____ _____		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"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____		LOAN NUMBER: _____		LOAN NUMBER: _____	
TEL: () _____		FAX: () _____		LOAN NUMBER: _____		LOAN NUMBER: _____	

RATING MAP INFORMATION

NAME OF COUNTY/PARISH _____ **COMMUNITY NUMBER PANEL AND SUFFIX FOR LOCATION OF PROPERTY INSURED:** _____

FLOOD INSURANCE RATE MAP (FIRM) ZONE _____ **IS THE BUILDING OWNED BY STATE GOVERNMENT?** YES NO
PROGRAM PARTICIPATION: REGULAR EMERGENCY **IS BUILDING LOCATED ON FEDERAL LAND?** YES NO

GRANDFATHERING? YES NO
 • IF YES, HOW? BUILT IN COMPLIANCE (Post-FIRM Buildings only) or CONTINUOUS COVERAGE (Prior Policy Number - attach copy of dec page): _____
 • **CURRENT COMMUNITY NO., PANEL AND SUFFIX:** _____ **CURRENT FLOOD ZONE** _____ **CURRENT BASE FLOOD ELEVATION** _____

BUILDING OCCUPANCY: SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL
BASEMENT/ENCLOSURE/CRAWLSPACE:
 NONE FINISHED BASEMENT/ENCLOSURE UNFINISHED BASEMENT/ENCLOSURE
 CRAWLSPACE SUBGRADE CRAWLSPACE

NUMBER OF FLOORS (INCLUDING BASEMENT/ENCLOSURE):
 ONE FLOOR TWO FLOORS: THREE OR MORE FLOORS
 MOBILE HOME ON FOUNDATION SPLIT LEVEL
 TOWNHOUSE/ROWHOUSE (RCBAP LOW RISE ONLY)

DESCRIBE BUILDING AND USE: _____
 *For Manufactured (Mobile) Homes, complete Part 2, Section II

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: HIGH RISE LOW RISE

NO OF UNITS: _____ **CONDOMINIUM FORM OF OWNERSHIP?** YES NO

COVERAGE IS FOR: CONDOMINIUM UNIT CONDO ASSOCIATION ON ONE BUILDING

IS BUILDING OVERWATER? FULLY PARTIALLY NO

IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____ **IS BUILDING IN COURSE OF CONSTRUCTION?** YES NO
IS THIS BUILDING INSURED'S PRINCIPAL RESIDENCE? YES NO **IS BUILDING WALLED AND ROOFED?** YES NO

ESTIMATED REPLACEMENT COST AMOUNT \$ _____ **DEDUCTIBLE BUYBACK?** YES NO
DEDUCTIBLES: BUILDING \$ _____ CONTENTS \$ _____ **IS BUILDING ELEVATED:** YES NO
 IF YES, AREA BELOW IS: FREE OF OBSTRUCTION WITH OBSTRUCTION (COMPLETE PART TWO OF APPLICATION)

CONTENTS LOCATED IN:
 ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) BASEMENT/ENCLOSURE AND ABOVE
 LOWEST FLOOR ONLY ABOVE GROUND LEVEL LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
 ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR **IS PERSONAL PROPERTY HOUSEHOLD CONTENT?** YES NO
 IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION: _____ (MM/DD/YY)
 SUBSTANTIAL IMPROVEMENT DATE: _____ (MM/DD/YY)
 MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION CONSTRUCTION DATE OF MOBILE PARK OR SUBDIVISION FACILITIES: _____ (MM/DD/YY)
 MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: _____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION? YES NO **BUILDING DIAGRAM NUMBER:** _____ **LOWEST ADJACENT GRADE (LAG):** _____
LOWEST FLOOR ELEVATION: _____ **(+) BASE FLOOD ELEVATION:** _____ **(-) DIFFERENCE TO NEAREST FOOT:** _____ **ELEVATION CERTIFICATE DATE:** _____
 IF POST-FIRM CONSTRUCTION IN ZONES A A1-A30, AE-AO, AH, V, V1-V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.
 IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION YES NO **IS BUILDING FLOOD-PROOFED?** YES NO

IF BUILDING IS RATED USING AN ELEVATION CERTIFICATE, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM			
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00
RATE TYPE: (ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED): <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> PROVISIONAL RATING <input type="checkbox"/> LEASE FEDERAL POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE FACTOR RATING FORM									ANNUAL SUBTOTAL \$ _____ ICC PREMIUM _____ SUBTOTAL _____ CRS PREMIUM DISCOUNT _____ SUBTOTAL _____ PROBATION SURCHARGE + _____ FEDERAL POLICY FEE + _____ TOTAL PREPAID AMOUNT \$ _____
PRINTED NAME OF INSURANCE AGENT/BROKER _____ DATE _____									
SIGNATURE OF INSURANCE AGENT/BROKER _____									

*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 or fraud.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO ABC.
SEND ORIGINAL APPLICATION TO THE ADDRESS LISTED ABOVE. PLEASE MAKE A COPY FOR YOUR RECORDS.