



FAST FLOOD QUOTE REQUEST FORM

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Name of Insured: _____

Property Location: _____
(Address) (City) (State) (Zip Code)

Effective Date: Loan Closing _____ 30 day wait _____ Map Revision/(1-day) _____ or Rollover/Renewal _____

Mailing Address (if different from property location): _____

Mortgage Clause Name & Address: _____

Prior Flood Loss: Yes No Current Policy Expiration Date _____

Renewal/Rollover Company Writing Current Policy _____

Essential Rating Elements

1. Community Name & Number: _____ Flood Zone _____

2. Elevation Certificate: Yes No (If Yes, please attach. Required for all Post FIRM buildings)

3. Construction Date: _____ Date of Purchase: _____

4. The insured(s) resides here (% of the year): 0% - N/A 50% or less 51% - 79% 80% or more

5. Occupancy type: Single Family 2 - 4 Family Non-Residential Other Residential

6. Building Use: _____ (example: main house, guest house, detached garage, clubhouse, other)

7. Condominium building: Yes No Number of Units: _____ Condominium unit owner: Yes No

8. Number of Floors: _____ (include basement/enclosure/crawlspace in # of floors) Building Total Square Footage: _____

9. Foundation: Slab on Grade Basement Crawlspace Walkout Basement Subgrade Crawlspace
 Elevated- no enclosure Elevated with an enclosure

10. Garage, Enclosure, and/or Basement: Finished Unfinished

11. Garage: None Attached Detached Size sq ft: _____ # of Vents: _____ Size of each vent: _____

12. Enclosure/Crawlspace: Size _____ sq ft #of Vents _____ Size of each vent _____ Total venting area _____ (sq in)

13. Elevators: Yes No # of Elevators _____

14. Other Machinery & Equipment servicing building

Location _____ Value _____

15. Building Coverage Limit: \$ _____ Replacement Cost: \$ _____

16. Contents Coverage Limit \$ _____ Location of Contents: N/A (no contents) Basement only
 Basement and above Lowest floor only – above ground level Lowest floor only – above ground level & higher floors Above ground level – more than one full floor

17. Deductible: \$1,000 \$1,250 \$1,500 \$2000 \$3000 \$4000 \$5000
Higher deductibles for Other Residential & Non Residential only \$10,000 \$15,000 \$20,000 \$25,000
 \$50,000 (only when insuring building & contents). **If the deductible selected is lower than allowed amount, we will choose next higher option**

18. Mobile Home: complete Part 2 of Application. Date of Construction: In park – date park was established.

Outside of park- date of placement: _____

MUST BE PROVIDED:

Name of person requesting quote: _____

Agency Name: _____ Agency Phone Number _____

Agency ID: _____ Email: _____ Fax Number _____