

Name of Agent: _____ Agency Name: _____
 Email _____ Agency Phone Number _____
 Fax Number _____

Insureds Information: (Last Name) _____ (First) _____ or

Business Name: _____

Insureds Phone Number _____ Insureds Email Address _____

Property Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____

Prior Flood Loss _____ Yes _____ No **Current FEMA Flood Policy Expiration Date** _____

Flood Zone: _____

Waiting Period: Date of Loan Closing _____ 30-Day Wait _____ Remapping _____

Occupancy Single Family ___ Residential Manufactured/Mobile Home ___ Two-Four Family ___
 Other Residential ___ Residential Condo Bldg ___ Residential Condo Unit ___
 Non-Residential ___ Non-Residential Manufactured/Mobile ___ Non-Residential Unit ___

The insured resides at property location: 0% ___ 50% or less ___ 51%-79% ___ 80% or more ___

Number of units in building: _____ **Building Use (Description)** _____

Date of Construction: _____ **Building Under Construction:** Yes _____ No _____

Construction Type (Circle One): Frame, Mason, Brick Veneer, Other

Number of Floors _____ (include basement/enclosure/crawlspace in total number of floors)

Foundation: Slab on Grade ___ Basement: ___ Crawlspace ___ Subgrade Crawlspace ___ Walkout Basement ___
 Elevated no enclosure (Post/Pile/Piers) ___ Elevated with enclosure on (Post/Pile/Piers) ___
 Elevated with enclosure NOT on Post/Piles/Pier _____

Total Square footage of Living Space _____ **Total Square Footage of enclosure/crawlspace/ including walkout**
Basements _____ **Basement / Enclosure:** Finished _____ Unfinished _____
Number of Flood Vents in Enclosure /Crawlspace _____ **Size of each vent** _____

Garage Information: Attached Garage _____ Detached Garage _____ No Garage _____
 Is garage attached adjacent or below the living space _____
 Square Footage of Garage _____ Interior Walls: Finished _____ or Unfinished _____
 Number of Flood Vents _____ Size of each vent _____

Elevators: Yes ___ No ___ Number of Elevators _____

Additional Information (circle one that applies): Rental Property, Small Business, Non-Profit, Business/Association, Substantially Improved, Over Water

Coverage Amounts: Building \$ _____ **Contents \$** _____
Deductible Amount: \$ _____

Replacement Cost of Building (include foundation): _____
 (NFIP ONLY) Documentation is mandatory for Other Residential, Non Residential and Residential Condo Building Association Policy (RCBAP)

Location of Contents (what floors): _____

Mortgage Information: Name of Mortgage _____
 Loan Number _____
 Mailing Address: _____
 City _____ Stated _____ Zip Code: _____

Renewal Direct Bill: Insured _____ Mortgage Company/Lender _____ Agent _____



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