



Agent ID# 991163

FLOOD INSURANCE PROCESSING FORM
For a Quick Quote Fax to: 925-937-6578

(*Required Fields)

Client Information: Mailing Address: (if different)

*Last Name *First Name Address Apt #
2nd Insurer; Last Name 2nd Insurer; First Name City State Zip

Client Contact Information: Property Address:
Home Phone: ()
Work Phone: ()
Mobile Phone: ()
Fax: ()
*Address Apt#
City State Zip

Building Information: Basement Information:
1. Building construction date or date mobile home was placed on property* / /
2. Building Occupancy: * Single Family 2-4 Family # of units
Townhouse / Rowhouse
Condo Condo Association # of units
Other Residential # of units
Non-Residential # of units
Explain if Non-Residential or Other building use:
3. Number of floors residence has: * 1 2 3 more (include bsmt/enclosure as a floor)
4. Building value: * \$ (not including land)
5. Amount of desired coverage or the loan balance if less than the building value: * \$
6. Amount of contents coverage: \$ (optional)
7. Is there an attached garage? Yes, Sq. Ft. No
8. Deductible options: \$500 \$1000 if more, refer to available deductible options within the NFIP manual.

Mobile Home: (only)
1. Dimensions (*Required)
Length: *
Width: *
2. Structure Fastening? *
a. Piers, Post, or Piles
b. Reinforced Masonry Piers or Concrete piers or columns
c. Reinforced Concrete Shear walls
d. Solid perimeter walls (Circle one from above)
3. Anchoring System? *
a. Over-the-top Brand: *
b. Frame ties Model: *
c. Frame Connectors Serial #: *
d. Ground Anchors Year: *
e. Slab Anchors (Circle one from above)

Mortgagee Information: Loan Officer or Agent Contact Information:
Name Name
Address Phone
City State Zip Fax

Will the Mortgagee remit payment for renewals? * Yes No, If no who is the Payor for renewals?
Closing date or Effective date: *

Additional Comments: Please provide the Flood Determination and/or Elevation Certificate when available. If insurance is a result of force placed insurance than an Elevation Certificate is not required but the Flood Determination will be.

Revised 1/06