



Cobra Flood Insurance Application (01/2008)

Proposed Effective Date: _____
 Insured: _____
 Mailing Address: _____
 City/State/Zip: _____
 Property Address: _____
 City/State/Zip: _____
 County: _____

Agency: _____
 Address: _____
 City/State/Zip: _____
 Attn: _____
 Phone/Fax: _____

UNDERWRITING INFORMATION

Flood Zone: _____ ELEVATION: Base: ___ Lowest Floor: ___ Difference: ___
 Building Elevated: Y / N Distance to Ocean/Gulf: _____ Construction: _____ Year Built: _____
 Year Purchased: _____ # Stories: _____ Square Footage: _____ Protection Class: _____ Territory: _____
 Enclosure or Basement: Y / N Basement: Finished or Unfinished Breakaway Walls: Y / N Storm Shutters: Y / N
 Single Family: Y / N 2-4 Family: Y / N Condo Unit: Y / N Non-Residential: Y / N
 If Non-Residential Describe: _____
 Occupancy? (Please Circle) Primary Secondary Tenant Occupied Vacant Builders Risk

Loss History - Must Be Filled Out Completely

Date	Type of Loss	Cause	Amount	Preventative Measures

Building on Driven Pilings? Y / N _____ Basement/Enclosure Square Footage: _____
 Basement/Enclosure Use? _____
 Where is Wind Peril Insured? _____ Contents Location: _____
 Within the last 5 years has the applicant had a: (Circle) Foreclosure Bankruptcy Repossession When? _____

Building	Amount of Coverage Requested	Contents
\$ _____	\$ _____	\$ _____
Est. Replacement Cost	Limit Requested	Total Actual Cash Value
		Limit Requested

Mortgagee: Loan# _____ Mortgagee: Loan# _____

NOTE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

NOTICE TO FLORIDA APPLICANTS: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." By signing, below parties warrant the truthfulness of all information herein which will be material in the event of claim under the policy. Any misrepresentation or concealment could void the coverage.

NOTE: 25% Minimum Earned Premium Plus Fees & Tax Applies.

INSURED'S SIGNATURE _____ DATE _____
 PRODUCING AGENT _____ DATE _____