

# ACORD™ FLOOD INSURANCE APPLICATION

<b>PRODUCER</b> <input type="checkbox"/> <b>PHONE</b> OH 513-871-3330 KY 859-727-2226 <small>(A/C, No, Ext):</small>		<b>POLICY TYPE</b> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT POLICY # <input type="checkbox"/> RNWL <input type="checkbox"/> FL		<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YRS	
<b>Globe Insurance Agency, Inc.</b>		<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> RCBAP <input type="checkbox"/> SCHEDULED BUILDING <input type="checkbox"/> MPPP	<b>DIRECT BILL TO</b> <input type="checkbox"/> INSURED <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MTGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER		<b>WAITING PERIOD:</b> <input type="checkbox"/> STANDARD 30-DAY <b>INITIAL PURCHASE OF FLOOD INS RELATED TO:</b> <input type="checkbox"/> LOAN-NO WAITING <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA)- ONE DAY <b>POLICY EFF DATE</b> <input type="checkbox"/> <b>POLICY EXP DATE</b> <input type="checkbox"/>
<b>AGENT'S</b> <input type="checkbox"/> <b>TAX ID</b> <input type="checkbox"/> <b>SOCIAL SECURITY #</b> <input type="checkbox"/>		<b>INSURANCE COMPANY NAME</b> <input type="checkbox"/>		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
<b>INSURED'S NAME, PHONE # AND MAILING ADDRESS</b> <input type="checkbox"/> <b>SOC SEC #:</b> <input type="checkbox"/>		<b>PROPERTY LOCATION</b> IS INSURED PROPERTY LOCATION SAME AS INSURED 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)			
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> 1. SBA <input type="checkbox"/> 2. FEMA <input type="checkbox"/> 3. FMHA <input type="checkbox"/> 4. OTHER (SPECIFY):					
<b>CASE NUMBER OR SOCIAL SECURITY #:</b> <input type="checkbox"/> <b>FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS</b> <input type="checkbox"/>		<b>IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED:</b> <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY)		<b>SECOND MORTGAGEE OR OTHER</b> LOAN NUMBER: <input type="checkbox"/>	
<b>LOAN NUMBER:</b> <input type="checkbox"/>		<b>LOAN NUMBER:</b> <input type="checkbox"/>			

## CONSTRUCTION AND COMMUNITY INFORMATION

<b>COUNTY/PARISH</b> <input type="checkbox"/>			<b>RCBAP ONLY TOTAL # UNITS (INCLUDE NON-RES)</b> <input type="checkbox"/> <b>HIGH-RISE</b> <input type="checkbox"/> <b>LOW-RISE</b> <input type="checkbox"/>		<b>MANUFACTURED/MOBILE HOME ONLY:</b> <b>YEAR/MAKE/MODEL:</b> <input type="checkbox"/> <b>WIDTH</b> <input type="checkbox"/> <b>LEN</b> <input type="checkbox"/> <b>SERIAL NUMBER:</b> <input type="checkbox"/>		
<b>COMM #</b> <input type="checkbox"/> <b>PANEL #</b> <input type="checkbox"/> <b>SUFFIX</b> <input type="checkbox"/>			<b>CONDO COVERAGE IS FOR:</b> <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING		<b>IS HOME A DOUBLEWIDE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS HOME PROPERLY ANCHORED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>BASEMENT BELOW GRND ON ALL SIDES?</b> <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED <b>IS THERE EQUIPMENT (FURNACE, AIR CONDITIONER, HEAT PUMP, HOT WATER HEATER, ETC) IN THE BASEMENT OR ATTACHED GARAGE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LOC IN UNINCORP AREA OF COUNTY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>MONTH &amp; YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE</b> <input type="checkbox"/>		<b>LOWEST FLOOR WHICH INCLUDES LIVING AREA IS OFF GROUND BY MEANS OF:</b> <input type="checkbox"/> PILES <input type="checkbox"/> PIERS <input type="checkbox"/> SOLID PERIMETER WALLS <input type="checkbox"/> OTHER <input type="checkbox"/> POSTS <input type="checkbox"/> COLUMNS <input type="checkbox"/> PARALLEL SHEAR WALLS		
<b>IS INSURED PROP OWNED BY STATE GOV?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b># FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> 2 <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME ON FOUNDATION		<b>DOES AREA BELOW ELEVATED FLOOR CONTAIN MACHINERY &amp; EQPT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS THERE A WASHER, DRYER OR FOOD FREEZER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: THERE IS LIMITED COV BELOW THE LOWEST ELEV FLOOR - REVIEW THE POLICY		
<b>FLOOD ZONE</b> <input type="checkbox"/>			<b>IS BLDG IN COURSE OF CONSTRUCTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>SOLID PERIMETER WITH OPENINGS ACCORDING TO CODE, SUCH AS VENTS (GARAGE DOORS ARE NOT PERMANENT OPENINGS)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AREA IS:</b> <input type="checkbox"/> FINISHED (20 OR MORE LINEAR FEET OF FINISHED WALLS) <input type="checkbox"/> UNFINISHED <input type="checkbox"/> <b>SQ FT AREA ENCLOSURE</b> <input type="checkbox"/> <b># FEET ELEVATED FLR ABOVE GRND</b> <input type="checkbox"/>		
<b>BUILDING OCCUPANCY</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NONRES (INC HOTEL/MOTEL) <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/>			<b>IS BLDG PRINCIPAL RESIDENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TYPE OF ENCLOSURE WALLS</b> <input type="checkbox"/> BREAK-AWAY <input type="checkbox"/> LATTICE <input type="checkbox"/> SOLID PERIMETER <input type="checkbox"/> OTHER (DESC): <input type="checkbox"/> <b>AREA IS USED FOR</b> <input type="checkbox"/> PARKING/STORAGE/ACCESS <input type="checkbox"/> OTHER (DESC): <input type="checkbox"/> <b>ESTIMATED REPLACEMENT COST, SINGLE FAM PRIN RES, RCBAP &amp; ALL V-ZONE BLDGS</b> \$ <input type="checkbox"/>		
<b>LOCATION OF CONTENTS OWNED BY APPLICANT</b> <input type="checkbox"/> BASEMENT ONLY (LIMITED COV) <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER FLOORS <input type="checkbox"/> BASEMENT & ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ONLY - ABOVE GROUND LEVEL <input type="checkbox"/> ONE FULL FLOOR OR MORE <input type="checkbox"/> MANUFACTURED/MOBILE HOME			<b>ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY</b> <input type="checkbox"/>		

## COVERAGE AND RATING (One building per policy - blanket coverage not permitted)

COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REG PROGRAM ONLY)			DED DISC ANNUAL PREM REDUCTION	TOTAL PREMIUM	
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM			
BUILDING		.00		.00	.00		.00	.00	.00	
CONTENTS		.00		.00	.00		.00	.00	.00	
<b>DEDUCTIBLES:</b> BUILDING \$ <input type="checkbox"/> CONTENTS \$ <input type="checkbox"/>		<b>COMMUNITY RATING CLASS</b> <input type="checkbox"/>			<b>ANNUAL SUBTOTAL</b> <input type="checkbox"/>			<input type="checkbox"/> .00		
<b>RATE TYPE</b> <input type="checkbox"/> 1. MANUAL <input type="checkbox"/> 3. ALTERNATIVE <input type="checkbox"/> 5. MPPP <input type="checkbox"/> 2. SUBMIT <input type="checkbox"/> 4. V-ZONE RISK FACTOR <input type="checkbox"/> 6. PROV RATING		<b>PAYMENT OPTION</b> <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER			<b>ICC PREMIUM</b> <input type="checkbox"/>			<input type="checkbox"/> .00		
<b>IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION-RATED, SUBMIT ELEVATION CERTIFICATION AND COMPLETE THE ELEVATION DATA BELOW: (CERTIFICATE IS OPTIONAL FOR NON-BASEMENT BUILDINGS IN ZONES A, AO AND AH.)</b>		<b>SUBTOTAL</b> <input type="checkbox"/>			<b>3 YEAR SUBTOTAL</b> <input type="checkbox"/>			<input type="checkbox"/> .00		
<b>BUILDING DIAGRAM#</b> <input type="checkbox"/>	<b>LOWEST FLOOR ELEVATION</b> <input type="checkbox"/>	<b>BASE FLOOD ELEVATION</b> <input type="checkbox"/>	<b>ELEV DIFF (NEAREST FOOT +/-)</b> <input type="checkbox"/>	<b>IS BUILDING FLOOD PROOFED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LOWEST ADJ GRADE (LAG)</b> <input type="checkbox"/>	<b>PROBATION SURCHARGE</b> <input type="checkbox"/>			<input type="checkbox"/> .00	
<b>THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.</b>		<b>SIGNATURE OF INSURANCE AGENT/BROKER</b> <input type="checkbox"/>			<b>DATE (MM/DD/YY)</b> <input type="checkbox"/>			<b>EXPENSE CONSTANT</b> <input type="checkbox"/>		<input type="checkbox"/> .00
					<b>FED POLICY FEE</b> <input type="checkbox"/>			<input type="checkbox"/> .00		
					<b>TOTAL PREPAID AMOUNT</b> <input type="checkbox"/>			<input type="checkbox"/> .00		