reThought**FLOOD RESIDENTIAL**

TECHNOLOGY. TRANSPARENCY. TRUST.

Residential Flood Submission Form

REQUEST TYPE

☐ **Primary** ☐ **Excess of NFIP Limits**

FOR EXCESS REQUESTS

Underlying Carrier: _____ Building Coverage: _____ Contents Coverage: _____

APPLICANT INFORMATION

Named Insured: _____

Location Address: _____

Mailing Address *(if different from above)* **:** _____

ELIGIBILITY INFORMATION

1. Is the property vacant?	☐ **Y**	☐ **N**
2. Is the property built over water?	☐ **Y**	☐ **N**
3. Mobile/manufactured home?	☐ **Y**	☐ **N**
4. Loss history?	☐ **Y**	☐ **N**

Loss History Explanation

If you answered "NO" to question 4, you may skip this section.

- Have there been any flood losses in the past 10 years? ☐ **Y** ☐ **N**
  - If yes, please explain:

    _____

    _____
- Have there been any flood losses greater than 50% TIV? ☐ **Y** ☐ **N**
- Has all loss damage been repaired? ☐ **Y** ☐ **N**
- Were sufficient mitigation steps taken to prevent future losses? ☐ **Y** ☐ **N**
  - If yes, please explain:

    _____

    _____

BUILDING INFORMATION

Property Type

- ☐ Single Family
- ☐ Apt/Condo Unit
- ☐ Multi-Family (1-4 Units)

Year Built _____

Sq Footage _____

# of Stories _____

Basement

- ☐ None
- ☐ Unfinished
- ☐ Partial Finished
- ☐ Finished

Construction Type

- ☐ Wood Frame
- ☐ Masonry
- ☐ Steel Frame
- ☐ Other (explain):

  _____

Appurtenant Structures ☐ **Y** ☐ **N**

(If yes, please explain below)

- ☐ Guest House
- ☐ Pool House
- ☐ Detached Garage
- ☐ Other (explain):

  _____

VALUATION INFORMATION

Maximum $3M aggregate TIV

Building Replacement Cost: _____

Contents Replacement Cost: _____

Loss of Use Value: _____

Primary Only

Appurtenant Structures: _____

COVERAGE REQUEST

Maximum $1.25M aggregate coverage limit

Building Cov: _____ Contents Cov: _____

Deductible: _____ Deductible: _____

Loss of Use Cov (Max 20% of Bldg Cov): _____

Primary Only

Appurtenant Structures Cov (10% of Bldg Limit): ☐ **Y** ☐ **N**

Broker Notes: _____

_____