

Submitted by:
Company Name:

Phone Number:
E-Mail:



Flood Insurance Services

P.O. Box 219, Brighton, CO 80601

Ph: 1-888-824-0799 Email: FIS@floodsvcs.com

GENERAL INFORMATION FOR FLOOD INSURANCE:

Client Name	<input type="text"/>	Property Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
		County	<input type="text"/>		

OCCUPANCY:

If Single Family Dwelling - Is it owner occupied? Yes No

Type of Occupancy: Single Family Mobile Home Town Home 2-4 Family Condo Non-Residential

If Condo or Town home - How many units in the building? Which floor is the condo on?

If Non-Residential, please describe:

BUILDING DESCRIPTION:

Year Built	<input type="text"/>	Construction of Building	<input type="text"/>	Replacement Cost of Building	<input type="text"/>
Number of Floors	<input type="text"/>	Foundation (please select one)	<input type="radio"/> Crawl Space <input type="radio"/> Slab on Grade <input type="radio"/> Basement <input type="radio"/> Elevated*		
* (Please complete the attached page)					
If building has crawl space above grade:			Is there machinery & equipment, such as a furnace or water heater, in the basement or crawl space? <input type="radio"/> Yes <input type="radio"/> No		
Number of Vents: <input type="text"/>			Is the garage attached to, or part of the building? <input type="radio"/> Yes <input type="radio"/> No		
Total Square Inches of Vents: <input type="text"/>			Total area of the garage? (Square Feet) <input type="text"/>		
Square Footage of Enclosures: <input type="text"/>			Is the garage used solely for parking of vehicles, building access, and/or storage? <input type="radio"/> Yes <input type="radio"/> No		

INSURANCE LIMITS DESIRED:

Building: \$ <input type="text"/>	Contents: \$ <input type="text"/>	Is your mortgage company requiring you to carry this coverage? <input type="radio"/> Yes <input type="radio"/> No
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NFIP MAXIMUM LIMITS:

Residential: \$250,000 per building & \$100,000 on contents per building, Non-Residential: \$500,000 per building & \$500,000 on contents per building
(Excess market available for higher values)

ELEVATED BUILDING QUESTIONNAIRE

Please complete this page if you selected 'Elevated' for your Foundation



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1. Elevating foundation of the building:

- Piers, post or piles
- Reinforced masonry piers or concrete piers or columns
- Reinforced concrete shear walls
- Solid perimeter walls

2. Does the area below the elevated floor contain machinery or equipment? Yes No

If yes, check the appropriate items:

- Furnace Heat Pump Air Conditioner Water Heater Fuel Tank
- Cistern Elevator Equipment Washer & Dryer Food Freezer
- Other equipment or machinery servicing the building, please describe:

3. Area below the elevated floor:

a. Is the area below the elevated floor enclosed? Yes No

If yes, check one of the following: Partially Fully

b. If enclosed, provide size of enclosed area/crawl space (square feet):

c. Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? Yes No

If yes, check one of the following:

- Breakaway walls
- Masonry walls
- Solid wood frame walls
- Other, describe

d. Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area?

- Yes No

If yes, what is the number of permanent openings (flood vents) within 1 foot above adjacent grade:

Total area of all permanent openings (flood vents) in square **inches**:

e. Is the enclosed area/crawl space used for any purpose other than solely for parking of vehicles, building access or storage?

- Yes No

f. Does the enclosed area/crawl space have more than 20 linear feet of finished wall, paneling, etc?

- Yes No