



**SPECIAL COVERAGE POLICY - EXCESS FLOOD INSURANCE**  
**Underwritten: By Certain Underwriters at Lloyds of London**

**PROGRAM CONDITIONS**

**COMPLETION OF APPLICATION & INSURED SIGNATURE:**

- 1. This application must be completed in its entirety and be signed by the Named Insured as requested on page 4 of this application.

**PREMIUM & FEES:**

- 1. All policies are subject to a **MINIMUM EARNED PREMIUM** which is the greater of:
  - a) \$500.00 - \$1,000 Residential Property depending on location site, zone, construction etc.
  - b) \$1,000.00 - \$2500 Commercial Property depending on location, occupancy type, zone, etc.
  - c) or 25% of gross written premium
- 2. All new policies are subject to a \$100 policy fee (may not apply in all states).
- 3. All premiums are subject to state surplus lines taxes and any applicable stamping fee(s).
- 4. Surplus lines taxes and stamping fees are in addition to the premium and **are the responsibility of the broker/agent.**

**TERRITORY:**

- 1. United States and Canada.

**ELIGIBLE PROPERTY:**

- 1. Residential Dwelling (1-4 Family)
- 2. Commercial Properties

**LIMITS & VALUES:**

- 1. Maximum Limit - \$10,000,000 Aggregate per property for Building, Contents, Loss of Income.

**COVERAGE RESTRICTIONS:**

- 1. If more than one building is at a site, the building being insured must be clearly identified on this application. If more than one building is to be insured, **SECTIONS II through V** must be completed for each structure or attached on a comparable schedule of properties including all pertinent underwriting information.
- 2. Pre-FIRM Rates will apply to all buildings constructed and/or completed before 12/31/74; Post-FIRM Rates apply to all buildings built and/or completed after 12/31/74.
- 3. We deem that the Insured carry the **MAXIMUM UNDERLYING NFIP LIMITS AND/OR DEDUCTIBLE**. All policies issued, respond in excess of the following amounts:

<b>Building</b>	<i>Residential (1-4 Family):</i>	<b>\$250,000</b>	
	<i>Commercial</i>	<b>\$500,000</b>	
<b>Contents</b>	<i>Residential (1-4 Family):</i>	<b>\$100,000*</b>	<b>*\$60,000 for NFIP Preferred Risk</b>
	<i>Commercial</i>	<b>\$500,000</b>	
<b>Loss of Income</b>		<b>\$100,000</b>	

- 4. Contents and Loss of Income **can be bound only in conjunction with Building coverage.**
- 5. Upon acceptance by the Program Administrator, new business will be effective on the fifth day following receipt of the application, unless a later date is requested.
- 6. The Company reserves the right to reject applicants.
- 7. Coverage may not be available due to aggregate accumulations.

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**PROGRAM HIGHLIGHTS**

1. **MAXIMUM LIMIT:** \$10,000,000 Aggregate per property for Building, Contents, Loss of Income.
2. **PERILS INSURED:** flood as defined by a general or temporary condition of partial or complete inundation of normally dry land from overflow of inland or tidal waters or from the unusual and rapid accumulation or runoff of surface waters from any source.
3. **COVERAGE AVAILABLE:** Building, Contents and Loss of Income.
4. **DEFINITIONS:**
  - a) Building - structure permanently affixed to its foundation
  - b) Contents - household or business contents
  - c) Loss of Income - net business income and rental values
5. **EXCLUDED CLASSES:**
  - a) Basements - contents only
  - b) Properties located on Fire Island, NY; Chesterfield, MO; New Orleans, LA; Florida Keys
  - c) Properties built on stilts over water
  - d) Properties located in communities designated as undeveloped Coastal Barrier under the Coastal Barrier Resources Act or the Coastal Barrier Improvement Act
  - e) Properties located in V Zones
  - f) Properties with Negative Elevations
  - g) Properties under the course of construction



## EXCESS FLOOD INSURANCE APPLICATION

*Please read this application carefully and complete all sections.*

**SECTION I - APPLICANT**

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION II - MORTGAGEE INFORMATION**

Primary Mortgagee: \_\_\_\_\_ Loan #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION III - UNDERLYING FLOOD POLICY INFORMATION**

Primary Flood Carrier: \_\_\_\_\_ Current Excess Flood Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Excess Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

**SECTION IV - RISK INFORMATION**

**Occupancy:** Single Family     2-4 Family     Commercial-Habitational     # of Units \_\_\_\_\_

Commercial Other  \_\_\_\_\_    NFIP Flood Zone \_\_\_\_\_

**If a business, description of operations:** \_\_\_\_\_

**Construction Type:** Frame     Fire Resistive     Masonry     Other  \_\_\_\_\_

**Number Of Floors Including Basement:** \_\_\_\_\_    **Date of Construction:** \_\_\_\_\_

**Basement or Enclosure: (specify)** \_\_\_\_\_ Finished     Unfinished     **Contents Stored In Basement:**

Yes     No

**If Post-FIRM Construction, please provide elevation difference:** \_\_\_\_\_

**Any flood losses (last 5 yrs.):** Yes     No

*(If yes, please attach loss run or description of loss)*

**Distance To Closest Body of Water:** \_\_\_\_\_ Ocean \_\_\_\_\_ River \_\_\_\_\_ Other \_\_\_\_\_

**Who To Contact For Inspection:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Total Insurable Values:	COVERAGE TYPE	VALUE
	A) Building Replacement Cost:	\$ _____
	B) Contents Replacement Cost:	\$ _____
	C) Loss of Income (12 months):	\$ _____

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## SECTION V - COVERAGE

Requested Effective Date: \_\_\_\_\_

Status: New:

Renewal:

Expiring Policy No.: \_\_\_\_\_

### Coverage Amount Desired:

### Premium

**Building:** \$ \_\_\_\_\_

\_\_\_\_\_

**Contents:** \$ \_\_\_\_\_

\_\_\_\_\_

**Loss of Income:** \$ \_\_\_\_\_

\_\_\_\_\_

Sub-Total Premium: \_\_\_\_\_

Surplus Lines Tax: \_\_\_\_\_

Stamp Fee: \_\_\_\_\_

Policy Fee: \_\_\_\_\_

**Total Annual Premium:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION VI - NOTICE TO INSURED

**Note:** This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application Form shall be the basis of the Contract with Underwriters.

\_\_\_\_\_  
Signature of Applicant (Insured)

\_\_\_\_\_  
Date

## SECTION VII – RETAIL PRODUCER INFORMATION

Broker/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tele: \_\_\_\_\_ Fax: \_\_\_\_\_

Surplus Lines Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

**Please sign, date and return the completed application accompanied with a copy of the underlying flood policy declarations page and remit payment by Brokers' Trust Account Check**