Lexington Insurance Company
Excess Flood Application

_____ New _____ Renewal, **Prior Policy #:**_____

Date Coverage Is To Be Effective: _____

Insured Information:

Name:_____

Mailing Address:_____

City_____ State_____ Zip_____

Insured Location:_____

City_____ State_____ Zip_____

County:_____Phone Number:_____

Agent Information:

Producer:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone / Fax Number:_____

Mortgagee (s) Information/Additional Interests

Loan Number 1:_____

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Property Information:

Is property covered under a Builder's Risk policy? Y N

If Yes, is it walled and roofed_____

Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: Y N

Construction: Masonry____ Frame____ Year Built: _____

Breakaway Walls Y N

Distance to Ocean / Bay / Gulf _____Ft. _____ Miles

Stormshutters Y N If yes, type_____

Limits of Policy:

Buildings: Est. Replacement Cost $_____

⇒ **Building Limit Requested** $_____

Contents: Estimated Cost $_____

⇒ **Contents Limit Requested** $_____

Underlying Policy Information

Present NFIP/WYO Carrier:

Policy Term: _____ Underlying carrier: _____

Non-Renewed: Y N Why?_____

Renewal or Replacement NFIP/WYO Carrier:

Policy Term: _____ Underlying carrier: _____

Pol #:_____ Eff Date: ____/____/_____

Coverage: Bldg. $_____ Contents $_____

Maximum Underlying Limit Carried: Y N (Max Required)

NFIP/WYO Program: Regular_____ Preferred_____

Number of families: _____Single Family _____2-4 Family

Condominium Unit_____ Apartment_____

Occupancy: Primary_____ Secondary____ Seasonal_____ Rental _____

Flood Zone _____ Number of Floors____

Pre-Firm _____ OR Post Firm _____

Dwelling has basement or enclosed foundation: Y N

Elevation Difference: _____ (+/-BFE)

Contents Location:

____Basement and Above ____Enclosure and above

____Lowest floor only-above ground level

____Lowest floor above ground level and higher floors

____Above ground level- More than one full floor

Maximum Available Limits Must Be Carried At All Times During The Policy Term -- 25% Minimum Earned Premium Applies

Prior Carrier / Flood Related Loss Information

Excess Flood Carrier: _____ Expires: ____/____/____ Premium: $_____ Non-Renewed: Y N

Reason/Remarks:_____

_____

Date	Amount	Details
_____	_____	_____
_____	_____	_____

Applicants Statement: I have read the above application and warrant the truthfulness of all information herein which will be material in the event of a claim under the policy. Any misrepresentations or concealment could void the coverage.

Producer's Signature:_____Date:_____

Applicant's Signature(s):_____Date:_____

In order to bind coverage the following must accompany this application: **EXF APP 01 99**

1. Net Premium
2. Copy of Excess Flood Quote
3. Copy of current NFIP/WYO Declaration Page
4. Evidence of Wind Coverage in-force
5. Diligent Effort Form
6. Elevation Certificate
7. Property Inspection Contact
   Name:_____ Phone #: _____

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