



Excess Flood Application

General Information

Note: Internet Explorer is *required* to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to salesupport@pfic.com.

| | | | | |
|--|----------------------|-----------------------|---------------|--|
| Application Date | Vendor Number | | Client Number | |
| Proposed Insured | | | | |
| Property Address | City | State | Zip | |
| Mailing Address <i>(if different from above)</i> | City | State | Zip | |
| Contact Person Name | Contact Person Phone | Contact Person E-mail | | |
| How did you hear about Proctor? | Explain: | | | |

Underwriting Information

| | | | | | | |
|--|---------------|-------------|----------|-----------------|----------|------------------|
| 100% Total Insurable Values: | \$ | Building(s) | \$ | Contents | \$ | B.I. (12 Months) |
| Requested Coverage: | Limit \$ | Building(s) | Limit \$ | Contents | Limit \$ | B.I. (12 Months) |
| <p>Note: Premium is based on Total Insurable Value along with the requested coverage limit. If TIV is not reported accurately at time of quote and coverage binds, this could affect the premium and/or how a claim is settled as per the 90% Values Clause Endorsement.</p> | | | | | | |
| Primary Carrier | Policy Number | | | NFIP Flood Zone | | |

Occupancy *(check all that apply)*

| | | | | | | | |
|--|-----------------|-------------|-----------------------------------|------------|--------------------|-----|----|
| Residential | Single Family | Condominium | Number of Condo Units: | Apartment: | Primary Residence? | Yes | No |
| Commercial Building | Office Building | Hotel/Motel | Other <i>(describe operation)</i> | | | | |
| Commercial Contents <i>(if contents coverage is required, describe type of contents below)</i> | | | | | | | |

Are contents skidded or shelved? **Yes** **No** If "Yes", as what height?

Construction

| | | | | | | | |
|----------------------------------|---------|----------------|-------------------------|----------|---|-----|----|
| Type - Frame | Masonry | Fire Resistive | Other <i>(describe)</i> | | Year Built | | |
| Buildings on driven pilings? | | | Yes | No | Is first floor parking? | Yes | No |
| Basement or enclosure? | | | Yes | No | If yes , are wash-through or breakway walls present? | Yes | No |
| Is the building elevated? | | | Yes | No | If yes , at what height? | ft | |
| Square footage of lowest floor | | | ft | | Number of stories | | |
| Distance from source of flooding | | | miles | | Describe source flooding | | |
| Vacant or Occupied | | | Vacant | Occupied | | | |

Loss Record

Any flood losses in last 5 years? **Yes** **No**
If yes, amount(s) and date(s) of loss(es)

Additional Information Required

- Elevation Certificate for all flood zone A/V properties
- Copy of underlying NFIP Declaration Page
- If underlying is an All Risk Policy, require underlying definition of flood

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

I agree to receive policies, endorsements, invoices and other correspondence via the email address on file with Proctor Loan Protector. Updates will be handled during the regular course of business.

Requested By:

* Optional Coverage / Endorsements Available Upon Underwriter Approval | Note: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Loan Protector.

Authorized Client Signature **(Required)**

Date

STATEMENT: **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV:** Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker of any agent thereof, any written statement as part of, on in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in CA: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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