



# Number One Insurance Residential Flood Quote Request

Residential properties: 1 - 4 Family buildings, condominium unit owners or renters.

Agency Name: \_\_\_\_\_ Town/City: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Complete all information and return to Jackson at [jle@massagent.com](mailto:jle@massagent.com).**

Named Insured(s): \_\_\_\_\_

Insured Contact Email: \_\_\_\_\_ Insured Contact Phone #: \_\_\_\_\_

Full Flood Property Address: \_\_\_\_\_

*If not Primary residence, Mailing Address:* \_\_\_\_\_

We will attempt to pull property records on the property. *Any conflicting information will be reviewed with you to confirm.* Any new/corrected information provided after a quote is provided or coverage bound after underwriting review may result in change in premium.

Effective Date: \_\_\_\_\_ Is this a New Purchase and Lender required?  Yes  No

If not new purchase and/or not required by Lender, please advise if quote is for a Renewal:  Yes  No

**Note:** For non-lender required purchases or Renewal transfers – The Effective date is based on the carriers waiting period upon receipt of dually signed app & payment received in our office and processed to the carrier.

Is there a current Flood Policy in force on the property?  Yes  No; *If yes, please provide copy of current policy.*

**Note:** Copy of CURRENT Flood policy is required if renewal rollover or transfer to new owner. If reassigning policy to new owner, a Flood Assignment form will need to be completed.

Property will be:  Primary Residence  Secondary (Residing less than 50% of the year or rented)

Any Flood Losses in last 10 years (Flood Losses are based on the property, regardless of owner):  Yes  No

Calculated Dwelling Replacement Cost Estimator Amount **(NO approximate & not the Flood Limit):** \$ \_\_\_\_\_

Contents Replacement Cost Amount **(NO approximate & not the Flood Limit):** \$ \_\_\_\_\_

Requested Flood Coverage Policy Limits: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_

Quote Excess Flood?  Y  N

Building Type:  Single Family  Mobile/Manufactured Home  Two-Four Family & # of Units in Building \_\_\_\_\_  
 Condo Unit owner - # of Units in entire building \_\_\_\_\_ & Number Floor Unit located on \_\_\_\_\_  
 Other Residential Building - Describe: \_\_\_\_\_

Is building in the course of construction?  Yes  No Is the building located over water:  Yes  No

Foundation Detail - Select one type below & if required; provide square feet (Incorrect foundation will affect quote):

**Slab on Grade:** *The bottom floor is at or above ground level (grade) on at least one side. There is no airspace between the ground and the lowest floor of the building.*

**Basement:** *The bottom floor (basement or underground garage) is below ground level on all sides.*

**Crawlspace:** **Size of crawlspace area in sq. feet:** \_\_\_\_\_ *The area below the first floor is no more than 5 feet below the top of the next higher floor above the crawlspace.*

**Above Grade Crawlspace:** The area below the first floor is enclosed by solid or partial foundation perimeter walls.

**Subgrade Crawlspace:** The bottom (crawlspace) floor is below ground level (grade) on all sides by no more than 2 feet.

\_\_\_ **Elevated Enclosure WITH Enclosure – on Solid Foundation Walls: Size of enclosed area in sq. feet:** \_\_\_\_\_  
Building is elevated on solid foundation walls -walkout basements included. The area below the elevated floor is enclosed, either partially or fully, with or without openings present in the walls of the enclosure. May have a walk-out level, where at least one side is at or above grade.

\_\_\_ **Elevated Enclosure WITH Enclosure – Posts, Piles or Piers: Size of enclosed area in sq. feet:** \_\_\_\_\_  
Building is elevated on piers, posts, piles, columns, or parallel shear walls. The area below the elevated floor is enclosed, either partially or fully, with or without openings present in the walls of the enclosure.

\_\_\_ **Elevated Enclosure WITHOUT Enclosure – on Posts, Piles or Piers:** Building is elevated on piers, posts, piles, columns or parallel shear walls with area below the elevated open, with no obstruction to flow of floodwaters (open slatted lattice work and/or insect screening is permissible).

**Year Built:** \_\_\_\_\_ **Building Material:** \_\_\_ Wood Frame \_\_\_ Brick \_\_\_ Stucco \_\_\_ Concrete

**Total sq footage of the building (do not include any basement or garage detail):** \_\_\_\_\_

**Total # of floors in building:** \_\_\_\_\_ (Excluding basement floor, crawlspace floor or enclosure. Finished attics are included as a floor)

**Number of Elevators:** \_\_\_\_\_ **Number of Detached Structures\*\*:** \_\_\_\_\_

**Flood Vents (not windows) - Qualifying Flood Openings consist of a minimum of 2 openings, with positioning on at least 2 walls. In the case of a walkout basement the openings may be positioned on a single wall adjacent to the lowest grade next to the building. The bottom of the openings must be within 1 foot of the adjacent grade.**

**Does the enclosure have valid flood openings as described above?** \_\_\_ Yes \_\_\_ No; If yes, Number of openings: \_\_\_\_\_

Total square inches of open area (vent): \_\_\_\_\_ Were certified engineered openings used? \_\_\_ Yes\* \_\_\_ No

*\*By selecting "Yes" to certified engineered openings indicates that you have reviewed the certified openings documentation and have ensured it meets the NFIP requirements as shown in the NFIP Manual. Failure to provide acceptable documentation as defined by the NFIP will result in a premium deficit which must be paid prior to policy issuance.*

**Machinery, Equipment & Appliances:**

**Does the building contain appliances (clothes washers/dryers, food freezers)?** \_\_\_ Yes \_\_\_ No

Are all appliances *elevated above* the first floor or higher? \_\_\_ Yes \_\_\_ No

**Does the building contain machinery and equipment servicing the building (Machinery and equipment includes: Central Air conditioning (including exterior compressor), Furnace, Heat Pump (including exterior compressor), Hot Water Heater, Elevator machinery & equipment)?** \_\_\_ Yes \_\_\_ No

Is all machinery and equipment servicing the building, located inside or outside the building, *elevated above* the first floor or higher? \_\_\_ Yes \_\_\_ No

**\*\*Note: Additional Buildings or Detached Structures – if flood coverage is required, a separate quote and application is required. Please provide additional quote form for any additional or detached buildings that require a flood quote.**

**Once we receive this form, a quote proposal will be provided to your agency. If the property qualifies for private flood and competitive, multiple quote options may be provided to be reviewed with your client.**

***A completed, dually signed application and full premium payment are required to bind coverage.***