



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

FLOOD APPLICATION

APPLICANT INFORMATION

Name: _____ Proposed Effective Date: _____
Email Address: _____
Property Address: _____
Mailing Address: _____

UNDERWRITING INFORMATION

NFIP Flood Zone: _____ Total Expiring NFIP Premium: _____
Year of Construction: _____ Total Renewal NFIP Premium: _____
Is property grandfathered with the NFIP? Yes No

OCCUPANCY (CHECK ALL THAT APPLY)

Single Family	Yes <input type="checkbox"/> No <input type="checkbox"/>	Residential Apartment/Duplex	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Units
Residential Condominium	<input type="checkbox"/> <input type="checkbox"/>	Commercial Condominium	<input type="checkbox"/> <input type="checkbox"/>	_____
Commercial	<input type="checkbox"/> <input type="checkbox"/>			_____

If this is a business, please describe operations:

If business and contents coverage is desired, please provide description of contents/inventory and how it is stored:

Construction: (check all that apply) Frame Fire Resistive Masonry Other: _____
Number of Floors _____ Building built on driven pilings Yes No
Basement Enclosure Yes No If Yes, are wash-through or breakaway walls present Yes No
Is Building Elevated Yes No If Yes, at what height _____
Any Prior Flood Losses Yes No If Yes, please attach loss runs or describe loss(es) below:
Primary Residence Yes No
Square Footage: _____ Basement Type: Finished Unfinished Slab Crawlspace

TOTAL VALUES

Coverage Type:		Values
A) Buildings	100% Replacement Cost (excl. value of land)	\$ _____
B) Contents	100% Replacement Cost	\$ _____
C) Business Income/Rental Value	12 Months	\$ _____

FLOOD LIMITS REQUIRED

Coverage Type:	Limit Requested	Deductible
A) Buildings	\$ _____	\$ _____
B) Contents	\$ _____	\$ _____
C) Business Income/Rental Value	\$ _____	\$ _____

CHECKLIST

- Elevation certificate attached if property is Post-Firm and located in A or V Flood Zone Yes No
- If NFIP is underlying, we require a copy of the underlying NFIP declarations page. Attached? Yes No

ADDITIONAL INTEREST

Interest: Additional Insured Lienholder Loss Payee Mortgagee Trustee
Name: _____
Address: _____
Reference/Loan #: _____

Insured's Signature: _____ Date: _____