

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY
APPLICATION FORM**

Property Location of Applicant: _____
Name of Applicant: _____
(Address) (City) (State) (Zip Code)

Effective Date: Loan Closing _____ 30 day wait _____ Map Revision/(1-day) _____ or Rollover/Renewal _____

Mailing Address (if different from property location): _____

Mortgagee Clause Name & Address: _____

Essential Rating and Eligibility Elements

1. **Community Name & Number:** _____ **Flood Zone** _____
2. **Base Flood Elevation** _____
3. **Elevation Certificate:** Yes No *(If Yes, please attach. Required for all Post FIRM buildings)*
4. **Lowest Floor Elevation:** _____ **Highest Adjacent Grade** _____
5. **Construction Date:** _____ **Date of Purchase:** _____
6. **Occupancy type:** Single Family 2-4 Family Non-Residential Other Residential
7. **Building Use:** ex: main house, guest house, detached garage, clubhouse, Other: _____
8. **Condominium building:** Yes No **Number of Units:** _____ **Association ownership:** Yes No
9. **Number of Floors:** (include the basement/enclosure/crawlspace in # of floors) _____
10. **Type of Condominium Building** High Rise Low Rise
11. **Foundation:** Slab on Grade Basement Crawlspace Walkout Basement Subgrade crawlspace
 Elevated- no enclosure Elevated with an enclosure
12. **Garage, Enclosure, and/or Basement:** Finished Unfinished N/A
13. **Garage:** None Attached Detached
14. **Elevators** Yes No # of Elevators _____
15. **Other Machinery & Equipment servicing building** _____
Location _____ **Value** _____
16. **Number of Previous Flood Claims** _____
17. **Additions and Extensions (A & E) Coverage:** Building does not have A & E
 Coverage for main building and A & E Coverage does not include A & E Coverage is for A & E only
18. **Building Coverage Limit:** \$ _____ **Replacement Cost:** \$ _____
19. **Contents Coverage Limit** \$ _____ **Location of Contents:** N/A (no contents) Basement only
 Basement and above Lowest floor only-above ground level Lowest floor only-above ground level & higher floors
 Above ground level-more than one full floor
20. **Deductible:** \$1,000 \$1,250 \$1,500 \$2,000 \$3,000 \$4,000 \$5,000 \$10,000 \$25,000

MUST BE PROVIDED:

Agency Name: _____ Agency phone number: _____
Agency ID: _____ Email: _____ Agency fax number: _____

Fraud Disclosure

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE UNDER APPLICABLE LAWS.

Signature of Insurance Agent/Producer

___/___/___
Date

Signature of Insurance Applicant

___/___/___
Date