

**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