

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

FLOOD INSURANCE APPLICATION/ENDORSEMENT

Attn: Flood Service Center* P.O. Box 4337*Scottsdale, Arizona 85261*800.423.4403/Fax 714.712.3842
PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

POLICY NUMBER: _____

- NEW RENEWAL ENDORSEMENT VOLUNTARY FORCE PLACED

DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL 1 ST . MORTGAGEE <input type="checkbox"/> BILL OTHER: _____	WAIT PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> *LOAN TRANSACTION NO WAITING <input type="checkbox"/> LENDER REQUIRED (SFHA only) NO WAITING <input type="checkbox"/> MAP REVISION-ZONE CHANGE FROM NON-SFHA TO SFHA (1-DAY WAIT)	*LOAN CLOSING DATE / /	METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DINER'S CLUB <input type="checkbox"/> DISCOVER Plus 3-Digit Code Printed on Back of Card: _____ <input type="checkbox"/> AMEX Plus 4-Digit code from Front of Card: _____
AGENT'S ACCT NUMBER _____	AGENT'S PHONE NUMBER () _____	AGENT'S FAX NUMBER () _____	EFFECTIVE DATE / /
AGENT OR BROKER'S NAME AND ADDRESS: _____			EXPIRATION DATE / /
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ ENTER CASE FILE NUMBER: _____			CREDIT CARD # _____ EXPIRATION DATE: _____
NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE, INCLUDING LOAN NUMBER TEL: () _____ FAX: () _____ LOAN NUMBER : _____			INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER: _____ PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX): _____ IF SECOND MORTGAGEE. LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO. AND ADDRESS <input type="checkbox"/> 2 ND MORTGAGEE <input type="checkbox"/> LOSS PATEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____ LOAN NUMBER: _____

RATING MAP INFORMATION

NAME OF COUNTY/PARISH _____ COMMUNITY NUMBER PANEL AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____

FLOOD INSURANCE RATE MAP (FIRM) ZONE _____ IS THE BUILDING OWNED BY STATE GOVERNMENT? YES NO

PROGRAM PARTICIPATION: REGULAR EMERGENCY IS BUILDING LOCATED ON FEDERAL LAND? YES NO

GRANDFATHERING? YES NO
 IF YES, HOW? BUILT IN COMPLIANCE (Post-FIRM Buildings only) or CONTINUOUS COVERAGE (Prior Policy Number - attach copy of dec page): _____
 CURRENT COMMUNITY NO., PANEL AND SUFFIX : _____ CURRENT FLOOD ZONE _____ CURRENT BASE FLOOD ELEVATION _____

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BASEMENT/ENCLOSURE/CRAWLSPACE: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE	NUMBER OF FLOORS (INCLUDING BASEMENT/ENCLOSURE): <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MOBILE HOME ON FOUNDATION <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW RISE ONLY)
DESCRIBE BUILDING AND USE: _____ *For Manufactured (Mobile) Homes, complete Part 2, Section III	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: <input type="checkbox"/> HIGH RISE <input type="checkbox"/> LOW RISE

COVERAGE IS FOR: CONDOMINIUM UNIT CONDO ASSOCIATION ON ONE BUILDING

IF NOT A SINGLE FAMILY DWELLING, THE NUMBER IF OCCUPANCIES (UNITS) IS _____	IS BUILDING IN COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING OVER WATER? <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY <input type="checkbox"/> NO
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ESTIMATED REPLACEMENT COST AMOUNT \$ _____

DEDUCTIBLE BUYBACK? YES NO

DEDUCTIBLES BUILDING \$ _____ CONTENTS \$ _____

IS BUILDING ELEVATED: YES NO
 IF YES, AREA BELOW IS: FREE OF OBSTRUCTION WITH OBSTRUCTION (COMPLETE PART TWO OF APPLICATION)

CONTENTS LOCATED IN:
 ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) BASEMENT/ENCLOSURE AND ABOVE
 LOWEST FLOOR ONLY ABOVE GROUND LEVEL LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
 ABOVE GROUND LEVEL MORE THEN ONE FULL FLOOR

IS PERSONAL PROPERTY HOUSEHOLD CONTENT?
 YES NO
 IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION: _____ (MM/DD/YY)
 SUBSTANTIAL IMPROVEMENT DATE: _____ (MM/DD/YY)
 MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION CONSTRUCTION DATE OF MOBILE PARK OR SUBDIVISION FACILITIES: _____ (MM/DD/YY)
 MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: _____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION? YES NO BUILDING DIAGRAM NUMBER: _____ LOWEST ADJACENT GRADE (LAG): _____
 LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ ELEVATION CERTIFICATE DATE: _____
 IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE AO, AH, V, V1-V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.
 IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION YES NO IS BUILDING FLOOD-PROOFED? YES NO

IF BUILDING IS RATED USING AN ELEVATION CERTIFICATE, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE PREM. REDUCTION /INCREASE	BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM			
BUILDING			.00				.00		.00
CONTENTS			.00				.00		.00
RATE TYPE: (ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED): <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> PROVISIONAL RATING <input type="checkbox"/> LEASE FEDERAL POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE FACTOR RATING FORM								ANNUAL SUBTOTAL	\$
PRINTED NAME OF INSURANCE AGENT/BROKER _____ DATE _____								ICC PREMIUM	
SIGNATURE OF INSURANCE AGENT/BROKER _____								SUBTOTAL	
								PROBATION SURCHARGE +	
								FEDERAL POLICY FEE +	
								TOTAL PREPAID AMOUNT	\$

****CREDIT CARD DISCLAIMER:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program Rules and Regulations. In matters involving billing disputes, cancellation is not available other than for billing processing or fraud.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO ABIC.

SEND ORIGINAL APPLICATION TO THE ADDRESS LISTED ABOVE. PLEASE MAKE A COPY FOR YOUR RECORDS.

