

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): _____			CREDIT CARD # _____ EXPIRATION DATE: _____
ENTER CASE FILE NUMBER: _____			INSURED'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER: _____
NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE, INCLUDING LOAN NUMBER TEL: () _____ FAX: () _____ LOAN 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROGRAM PARTICIPATION: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO
GRANDFATHERING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW? <input type="checkbox"/> BUILT IN COMPLIANCE (Post-FIRM Buildings only) or <input type="checkbox"/> 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: <input type="checkbox"/> CONDOMINIUM UNIT <input type="checkbox"/> CONDO ASSOCIATION ON ONE BUILDING	NO OF UNITS: _____ CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
ESTIMATED REPLACEMENT COST AMOUNT \$ _____	IS BUILDING OVER WATER? <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY <input type="checkbox"/> NO
DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING ELEVATED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION (COMPLETE PART TWO OF APPLICATION)
DEDUCTIBLES <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____	IS PERSONAL PROPERTY HOUSEHOLD CONTENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____
CONTENTS LOCATED IN: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THEN ONE FULL FLOOR	
ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION: _____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION CONSTRUCTION DATE OF MOBILE PARK OR SUBDIVISION FACILITIES: _____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: _____ (MM/DD/YY)	
IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> 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		.00
CONTENTS			.00			.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	
								CRS PREMIUM DISCOUNT	
								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.