

# FLOOD QUESTIONNAIRE

PRODUCER: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IN CONNECTION WITH THIS QUOTATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. THE PERSON COMPLETING THIS FORM MUST INITIAL HERE \_\_\_\_\_ INDICATING THEY HAVE READ THIS STATEMENT AND PERMISSION IS GIVEN.

DATE OF CONSTRUCTION: \_\_\_\_\_ REPLACEMENT COST: \_\_\_\_\_

BUILDING: SINGLE FAMILY 2-4 FAMILY MOBILE HOME OTHER NON-RESIDENTIAL

BUILDING TYPE: ONE FLOOR TWO FLOORS THREE OF MORE FLOORS SPLIT LEVEL TOWNHOUSE/ROWHOUSE

FOUNDATION: BASEMENT SLAB CRAWLSPACE ELEVATED IS BASEMENT: FINISHED UNFINISHED

BUILDING DIAGRAM: CHOOSE ONE

- \_\_\_ SLAB ON GRADE (OTHER THAN SPLIT-LEVEL)
- \_\_\_ BUILDING WITH BASEMENT (OTHER THAN SPLIT-LEVEL)
- \_\_\_ SPLIT-LEVEL SLAB ON GRADE
- \_\_\_ SPLIT-LEVEL WITH BASEMENT
- \_\_\_ ELEVATED BUILDING WITH NO OBSTRUCTIONS
- \_\_\_ ELEVATED WITH ENCLOSURE
- \_\_\_ ELEVATED WITH FULL-STORY FOUNDATION WALLS
- \_\_\_ ELEVATED WITH CRAWL SPACE

DEDUCTIBLE: \$500 \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

BUILDING COVERAGE AMOUNT: \_\_\_\_\_ CONTENTS COVERAGE: \_\_\_\_\_

BUILDING ELEVATION CERTIFICATE: YES NO

CONTENTS LOCATION (CHOOSE ONE):

- \_\_\_ BASEMENT/ENCLOSURE AND ABOVE
- \_\_\_ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
- \_\_\_ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS
- \_\_\_ ABOVE GROUND LEVEL MORE THAN ONE FLOOR

HAVE YOU EVER HAD A FLOOD LOSS? YES NO

IF YES, DATE AND DAMAGE AMOUNT: \_\_\_\_\_

IF POSSIBLE, PLEASE FORWARD A COPY OF YOUR CURRENT POLICY SO WE CAN QUOTE COMPARABLE COVERAGE.

I HAVE REVIEWED THE INFORMATION LISTED ON THIS QUESTIONNAIRE AND VERIFY THAT IT IS ACCURATE AS OF THIS DATE. I UNDERSTAND THAT IF ANY OF MY EXPOSURES OR ANY OF MY COVERAGE PREFERENCES CHANGE, IT IS MY RESPONSIBILITY TO NOTIFY RSS AGENCY, INC.

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