



Furnace or boiler: Heat pump Air conditioner Hot water heater  
 Oil tank Elevator equipment Cistern Other machinery  
 List total value of machinery and equipment

**Elevated building**

Is the building elevated? Yes No If yes, at what height? ft.  
 If yes: On pilings: Concrete piers/columns: Concrete shear walls: Solid perimeter walls  
 If yes, are wash through or breakaway walls present? Yes No

Is area below the raised floor enclosed? Yes No If yes, size of enclosure in square feet?  
 If yes, is area enclosed with:

Light Wood Lattice: Masonry Walls: Solid Walls: Breakaway Walls: Insect Screening:  
 Does Area have flood vents, openings or breakout panels? Yes No

**Garage information:**

None Attached Detached total square feet

**Additional information**

Is there a mid-level foyer in the building? Yes No Size of the mid-level foyer?  
 Is mid-level foyer used for purposes other than building access? Yes No  
 Are there elevators below the base flood elevation? Yes No  
 Number of elevators:  
 Elevator enclosure material? Please describe  
 Property purchase date Is policy for: Owner Tenant  
 Is the intended use of the building for business? Yes No  
 Is the building a rental property? Yes No  
 Any flood losses (last 5 yrs.) (If yes, please attach loss run or description of loss)  
 Distance to closest body of water: Ocean: River: Other:

**Section III – NFIP limits required:**

Requested effective Date:  
 Total insurable values Building replacement cost:\$ Contents replacement cost:\$  
 Requested NFIP Limits: Building: \$ Contents: \$ Deductible: \$

**Section IV – Mortgagee information:**

Primary mortgagee Loan #  
 Mailing address  
 City: State: Zip:

**Section V – Notice to insured:**

Note: This application shall become a part of the certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this application form shall be the basis of the contract with underwriters.

**Signature of applicant  
(Insured)**

**Date**


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