



Flood Insurance Quote Request
Fax to 1-888-767-0826
Email to gga@thehelpfulpeople.com

**Please send the quote back to
my office via:**

☐ Fax ☐ E-mail

There is a standard 30 day wait period unless a policy is required for a loan closing.
If you have an Elevation Certificate or Floodproofing Certificate, please include it with this quote request.

Customer Name		
Location Address		City, State, Zip
Mailing Address		City, State, Zip
Agency Code		Agency Fax
Agency Name		Agency Phone
Contact Name		Contact E-mail
On renewal, bill to: <input type="checkbox"/> Insured <input type="checkbox"/> Other:		
Requested Effective Date: ____ / ____ / ____		
Quote request is for: <input type="checkbox"/> Loan Closing <input type="checkbox"/> Lender Required <input type="checkbox"/> Map Revision <input type="checkbox"/> Rollover/Renewal <input type="checkbox"/> Insured's Request		
Is coverage being required for Disaster Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgagee Type*: <input type="checkbox"/> None <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Loss Payee <input type="checkbox"/> Disaster Agency <input type="checkbox"/> Other *Please provide mortgagee info on 2nd page		
Community Number	Map Panel Number	Map Suffix
County:		Flood Zone:
Purchase Date:		
Date of Construction or Building Permit: ____ / ____ / ____		
Date of Construction Source: <input type="checkbox"/> Original Construction <input type="checkbox"/> Building Permit Date <input type="checkbox"/> Substantial Improvement Date Mobile Home*: <input type="checkbox"/> In a park <input type="checkbox"/> Not in a park *If a Mobile Home, please provide Make, Model, Year, Serial Number, Dimensions, Anchoring and Installation methods on 2nd page		
Is the building in the course of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the building over water? <input type="checkbox"/> No <input type="checkbox"/> Yes - partially <input type="checkbox"/> Yes - entirely		
Approximate distance (feet) to nearest shoreline:		
Source of flooding: <input type="checkbox"/> River/Stream <input type="checkbox"/> Lake <input type="checkbox"/> Ocean <input type="checkbox"/> Other		
Is the building located on Federal Land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property Type: <input type="checkbox"/> Business <input type="checkbox"/> Rental <input type="checkbox"/> Residence Percentage of residential use: Occupancy: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Residential* <input type="checkbox"/> Non-Residential*		
Insured(s) reside(s) here ____ % of the year. *If building is not a 1-4 family dwelling, please describe it and its use:		
Additions and Extensions Coverage <input type="checkbox"/> Building does not have additions or extensions <input type="checkbox"/> Coverage is for main building and additions and extensions <input type="checkbox"/> Coverage does not include additions or extensions <input type="checkbox"/> Coverages is for additions or extensions only		
Foundation Type		
Non-elevated: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement <input type="checkbox"/> Slab on Grade		
Elevated With Enclosure: <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Sub-grade Crawlspace		
Elevated Without Enclosure: <input type="checkbox"/> Open Foundation (piers, posts, or pilings)		
Number of Floors: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> Split Level		
Attached Garage? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Please complete garage info below		
Condo form of ownership? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Building is (check all that apply): <input type="checkbox"/> Less than 5 units <input type="checkbox"/> 5 units or more <input type="checkbox"/> Less than 3 floors <input type="checkbox"/> 3 floors or more <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Not a condo		
Machinery/Equipment servicing the building located below the elevated floor (check all that apply): <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Freezer <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Oil Tank <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Other Equipment <input type="checkbox"/> None		
Is Machinery elevated to base flood elevation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Crawl space / Enclosure raised by: <input type="checkbox"/> Masonry/Concrete Blocks <input type="checkbox"/> Columns <input type="checkbox"/> Piers, Posts, or Piles <input type="checkbox"/> Solid Perimeter Load Bearing Walls <input type="checkbox"/> Concrete Shear Walls <input type="checkbox"/> Other:		
Enclosure wall material: <input type="checkbox"/> Lattice <input type="checkbox"/> Concrete Blocks <input type="checkbox"/> Plywood <input type="checkbox"/> Wood Frame Walls		
Is the enclosed area used for any purpose other than building access, parking, or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the enclosed space finished (having more than 20 linear feet of finished wall, paneling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total area of enclosure:	Number of vents within 1 ft. above grade:	
Total area of all vents (permanent openings):		
Is garage used for any purpose other than building access, parking or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is garage finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total area of garage:	
Number of vents within 1 foot above adjacent grade:	Total area of all vents (permanent openings):	
Machinery/Equipment servicing the building located below the elevated floor (check all that apply): <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Freezer <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Oil Tank <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Other Equipment <input type="checkbox"/> None		
Is Machinery elevated to base flood elevation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated Replacement Cost of Building		
Requested Building Coverage		
Requested Building Deductible (\$1,000 increments)		
Requested Contents Coverage		
Requested Contents Deductible (\$1,000 increments)		



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Page 2

Customer Name:

Mortgagee Information

Loan #:

Mortgagee:

Address:

Zip Code:

City:

State:

2nd Mortgagee Information

Loan #:

Mortgagee:

Address:

Zip Code:

City:

State:

Manufactured Home Description

Anchoring Method: ☐ Not Anchored ☐ Over The Top Ties
☐ Frame Ties ☐ Frame Connectors ☐ Ground Anchors
☐ Slab Anchors ☐ Other

Installation Method: ☐ Manufacturer Specifications
☐ Local Floodplain Management Standards
☐ State and/or Local Building Standards

Make:

Model:

Year:

Ser. #:

Dimensions:

Additions Dimensions:

Notes: