

FLOOD QUESTIONNAIRE

INSURED: _____ DATE: _____

LOCATION: _____

DOL: _____ CARRIER: _____

CLAIM #: _____ FILE#: _____

POLICY #: _____

FLOOD ZONE: _____

Contact #'s: _____ E-mail: _____

What year was Risk constructed: _____ Year purchased: _____

Risk owned/rented/leased: _____

Mortgage Company: _____

Name Deed is in: _____

Any additional mortgage/liens? _____ List if Yes: _____

Any prior flood losses? _____ If yes list dates: _____

Were Repairs completed? _____ Amount of Loss: _____

Nearest Body of Water: _____ Distance from Risk: _____

How long did Flood water remain in home? _____ Depth: _____

Date & Time Entered: _____ Date & Time Receded: _____

Other Insurance besides Flood: Carrier _____

Policy Number: _____

Coverage Amount: Building _____ Contents: _____

Does this policy cover Flood? _____

Is this property your Primary Residence, Rental Property or Seasonal Residence? _____

If Seasonal or Rental Property where is your Primary Residence: _____

Do you occasionally or permanently rent any portion of the Risk ? _____

Have you, since purchase, done any renovations? _____

If so, describe: _____

Amount of renovations: _____

Any prior insurance claims? _____ If yes describe: _____

If this is a rental property, do you own the contents: _____

Are you hiring a General Contractor? _____ If yes: Name _____

Address: _____ Phone #: _____

Damaged Appliances:

Stove:

Make: _____ Model #: _____ Serial #: _____

Refrigerator:

Make: _____ Model #: _____ Serial #: _____

Dishwasher:

Make: _____ Model #: _____ Serial #: _____

Water Heater:

Make: _____ Model #: _____ Serial #: _____

A/C:

Make: _____ Model #: _____ Serial #: _____

Furnace:

Make: _____ Model #: _____ Serial #: _____

Where would you like the check sent? _____

Did you receive a copy of the Flood Claims handbook & ICC Brochure? _____

Signature of Insured: _____ Date: _____